



Aviva Life Insurance Company India Ltd.: Head Office: Aviva Tower, Sector Road, Opposite DLF Golf Course, DLF Phase V, Sector 43, Gurgaon-122003  
Tel: +91 (0) 1242709046; Fax: +91 (0) 1242571206

## **HANDOUT –RIDER CLAIMS (HRC)**

### KIND ATTENTION: CLAIMANT

At Aviva, we value the relationship with our customers. We assure you of our support through the rider claims process to complete the formalities for the same.

We would like to inform you that we would require the following documents in order to settle your claim at the earliest. Request you to go through the documents mentioned below carefully, along with the specific instructions mentioned, which will help you in submission of these at the earliest.

1. **Rider Claim Form**- Please fill in each point correctly and provide details wherever required. This form has to be filled and signed by the claimant in his/her own handwriting. In case of Payor Rider/ Critical Illness/ Accidental Dismemberment/ Permanent Total Disability/ Dreaded Disease, claim form has to be attested by the persons as mentioned in the form.
2. **Original Policy Documents and Schedule**-Please submit the Policy Document and schedule which was sent and provided at the time of commencement of the policy in case of Payor Rider/ Critical Illness/Permanent Total Disability. However in case of Hospital Cash Benefit , Accidental Dismemberment , Dreaded Disease claim, a Xerox of Policy schedule will suffice.
3. **Lost Original Policy Documents and Schedule** In case the policy documents & Schedule is lost, please intimate us assigning the reason and explaining the circumstances in which it was lost. An indemnity on Rs.100/- stamp paper duly executed, signed, witnessed and notarized needs to be submitted along with attested ID proof and address proof of the Life Insured.
4. **Daily records from Treating Hospital** – Records that are maintained on a daily basis during the duration of hospitalization of the Life Assured in the treating hospital are required. The same will have to be obtained in Xerox from the concerned hospital.
5. **Discharge Summary** – Issued by the concerned hospital where Life assured had taken last treatment.
6. **Timings and Hospital status**: Please submit exact timing of admission and discharge from the hospital along with the number of beds in the hospital and registration details on the letterhead of the hospital.
7. **All laboratory and pathology test reports** – All blood and biochemistry reports / tests undergone prior to / during and prior and after the admission in hospital need to be submitted.
8. **All investigative test reports** - Reports of all major tests such as X-Ray, CT scans, MRI which are handed over to patient on discharge from the hospital.
9. **Relevant questionnaire duly filled (as per the format)** - To be filled by the Doctor / Hospital who has treated the Life Assured or has provided the treatment during hospitalization or just prior to admission in the format attached.
10. **Other hospital papers**-Treatment Records of Life Assured for any illness in the past / during current admission.
11. **Hospital Authority Letter**-As per Terms & conditions of the policy, we would require this authorization from you
12. **Declaration by the attending physician on the insured's current state of health** – A certificate issued by the treating doctor / hospital at the time of discharge indicating claimant's health at present.
13. **Final hospital bill including details of room charges (ICU/Normal)** – In case of Hospital Cash Benefit claims final hospital bill is required incorporating the exact details of number of days of admission of patient in ICU or Normal Ward separately.
14. **FIR and Police Inquest Report**-To be obtained from Police Authorities-In case FIR has been lodged and Police Inquest has been done or in process, especially, in case of accidents.
15. **Identification proof of the policyholder/Life insured** - Photo ID proof issued by Government Authorities.
16. **Age Proof of the LA** - Kindly submit the age proof of Life Assured, if not submitted at the time of proposal,
17. **NEFT Mandate Form** – To make direct transfer of claim payment to your account, please provide NEFT Mandate Form along with copy of cancelled cheque (**Mandatory**) bearing IFSC code, Bank account number and name of the claimant. If the cancelled cheque copy does not contain the information asked for, please provide the passbook copy along with cancelled cheque copy.
18. **Current Address Proof of the nominee** – Please provide relevant address proof for the address mentioned in the claim form.
19. **Contact number of the claimant** - Please provide the correct Mobile/ Landline number

Should you have any queries or clarifications during the process of submission of the above documents, you can write to us at [claims@avivaindia.com](mailto:claims@avivaindia.com) or contact your nearest Aviva branch (list of branches are also available on our website [www.avivaindia.com](http://www.avivaindia.com)). Alternatively you contact our Customer Service Helpline number **1800-180-22-66/ 0124-2709046** (Monday to Saturday, 8AM to 8PM).

#### **Our mailing address is as follows**

Claims Department,  
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