



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 or contact your nearest Aviva branch (list of branches are also available on our website www.avivaindia.com). Alternatively you contact our Customer Service Helpline number **1800-103-77-66/ 0124-2709046** (Monday to Saturday, 8AM to 8PM).

Our mailing address is as follows

Claims Department,

Aviva Life Insurance Company India Limited,

Aviva Tower, Sector Road, Opp. Golf Course, DLF phase-V, Sector 43, Gurgaon-122003

Tele No-91-124-2709046, Fax-91-124-2571205



CRITICAL ILLNESS (CI) / ACCIDENTAL DISMEMBERMENT (AD) / PERMANENT TOTAL DISABILITY (PTD) / DREADED DISEASE (DD) CLAIM FORM (CIPTD &DDCF)

CLAIMS DOCUMENT CHECKLIST (CDCL)

Life Assured Name:

Policy No.:

- Please submit this form along with the requirements mentioned below at the nearest branch or address mentioned overleaf for faster processing of claim.
- Please note that all documents needs to be self attested.

Hospital Admission due to illness/surgery		
S.No.	CI/AD/PTD/DD Claim Requirements	Yes/No
1.	Claim Form duly filled, signed by claimant and duly attested by an authorized person as mentioned in claim form	
2.	Authorization Form duly filled, signed by claimant	
3.	Original Policy Bond for CI/PTD, Photocopy of policy schedule for Accidental Dismemberment/ Dreaded Disease	
4.	Daily records of treatment during hospitalization	
5.	Discharge summary from the hospital stating the proper diagnosis and date & time of admission and discharge	
6.	All laboratory and pathology tests conducted such as blood reports	
7.	All investigative tests such as X-Ray, scans, MRI etc.	
8.	Relevant questionnaire duly filled (as per the format)	
9.	Declaration by the attending physician on the insured's current state of health	
10.	In case of surgery: surgical notes	
11.	Final hospital bill including details of room charges (ICU/Normal) and OT charges as well	
12.	Copy of signed cancelled cheque (Mandatory) with NEFT Mandate Form	
13.	Government approved identification proof	
14.	Copy of Claimant's current address proof	
In addition to the above documents if Hospital Admission is due to accident following additional documents need to be submitted.		
1.	Copy of First Information Report (FIR)	
2.	Police Final Report	
3.	Newspaper cutting	



Tel. +91(0)124 270 9046 Fax +91(0)124 257 1209 www.avivaindia.com
Registered Office: 2nd Floor Prakashdeep Building, 7, Tolstoy Marg New Delhi 110001 India

CRITICAL ILLNESS (CI) / ACCIDENTAL DISMEMBERMENT (AD) / PERMANENT TOTAL DISABILITY (PTD) / DREADED DISEASE (DD) CLAIM FORM (CIPTD & DDCF)

1. Policy No.

2. Name of Life Insured: Section I Details of the Life Insured

First Name	Middle Name	Surname
------------	-------------	---------

3. Current Residential Address : **(Current Address should match with Address proof provided)**

Pin Code:

Mobile no.:

Phone No. with STD Code:

E-mail ID: _____

PAN No:

4. Bank Account Details: **Please find enclosed NEFT Mandate Form Mandatory (Please attach a copy of cancelled cheque and passbook copy along with this form)**

5. Date of Birth:

6. Employment Details: Name of the Employer's /Business Name

Address :

Mobile or Phone no. : _____ Exact nature of Job/ Business: _____

Section II Claim Details

Nature of Illness



Date of first consultation in connection with the illness :

Have you previously suffered from or received treatment for the same illness? Yes/No

(If yes, Please provide the following details)

Name of the Doctor/ Hospital or Clinic consulted during illness	Address, Contact No of Doctor/Hospital	Date of Consultation	Nature of Illness

Part A: To be Completed in case of Critical Illness/ Dreaded Disease Claim (Please submit supporting documents)

Hospitalisation Date	Name of Hospital/ Institution	Date of Diagnosis of CI/ DD *Please provide supporting documents	Name of Attending Physician	Treatment Undergone	Nature of Hospitalisation (ICU/ Normal)	Date of Discharge	Post Discharge Treatment/ Medication/ Therapy

Part B : To be completed in case of Accidental Dismemberment/ Permanent Total Disability Claim (Please submit supporting documents)

Date of Accident/ Hospitalisation	Name of Hospital/ Institution	Name of Attending Physician	Nature of Disability	Cause of Disability	Date of Discharge	Post Discharge Treatment/ Medication/ Therapy



Section III: Details of Other Life Insurance Policies on the life of the Life Insured

Policy No.	Sum Assured	Name of Insurance Company	Date of Commencement	Claim Status	Rider Coverage (If any)

Declaration :

I hereby declare that all answers given by me in this statement are, to the best of my knowledge and belief, true and complete. I hereby consent to Aviva Life Insurance seeking medical information from the doctor who has attended me concerning anything which affects my physical and mental health or any other evidence they may require in connection with my claim.

*Countersigned By: _____

Signature of the Claimant: _____

Date _____

Date _____

Designation _____

Address

Address

Certified that the contents of this form were explained to the declarant in vernacular and he/she has affixed is/ her signature/ thumb impression hereto after fully understanding the same.

Signature _____

Name of the Witness: _____

Designation: _____

Address:

* This statement must be countersigned by any of the following: (1) an Advocate (2) A Bank Manager (3) A Medical Practitioner (4) A Gazette Officer (5) A Head Master/ Principal of a local Govt. High School (6) A magistrate (7) President Of A Village Panchayat or Local Board (8) Sales Manager of Aviva Life Insurance Company India Limited



AUTHORISATION

(To be filled & signed by the Claimant)

Life Insurance Policy No.(s) _____

I, Mr. / Mrs / Ms. _____ (*name of the Claimant*), hereby give my consent to M/s Aviva Life Insurance Company India Limited, and / or its representative to obtain all employment / medical / hospital records / police records / other records (including photocopies) / information pertaining to my treatment / occupation which I might have acquired whether before or after the policy was issued by the Company as well as details from other Life Insurance Companies regarding any existing policies which I may have sourced before or after the initiation of this contract.

Date:

Yours faithfully

Place:

(Signature of Claimant)

Contact details of the claimant:

Address:

Pin: _____

Landline: STD Code _____ No. _____

Mobile No.: _____

Email id:.....



NEFT Mandate Form: Direct Transfer of Claim amount to your

Mandatory: Copy of cancelled cheque bearing the below mentioned account number along with this form .

To,
AVIVA life Insurance Company India Limited,

Sub: E-Payments vide NEFT

I/We request and authorize you to effect E-payment vide NEFT mode to my/our Bank account as per the details given below:

Full name of the Claimant:

First Name	Middle Name	Surname

Full name of the Bank Account Holder as appearing in the Account:

First Name	Middle Name	Surname

Bank Account No.:

--

Bank Name: _____

Bank Address (Including State, City, Pin Code): _____

Bank Branch contact persons' names and Tele nos with STD Code: _____

Account Type: Saving Account Current Account

Bank Branch IFSC Code No. (Mandatory for NEFT): _____

Bank Branch MICR Code: _____

I/We confirm that information provided above is correct and any consequences due to any mistake in above will be borne by me.

Thanking You,

Name & Signature of the Claimant: _____

Bank Verification:

We confirm that we are enabled for receiving for NEFT credits and we further confirm that the account number of the.....
and the signature of the authorised signatory and the IFSC and MICR codes of our branch mentioned above are correct.

Bank verification Stamp with branch address and Signature of the Banker _____

Name of the Signing authority _____



ACKNOWLEDGEMENT SLIP

Policy No.:

--	--	--	--	--	--	--	--	--	--

Name of Claimant:

Service Request ID:.....

Documents Submitted: Please Tick

- Attested** CI/AD/PTD/DD Claim Form and Authorization Form Signed by the Claimant
- Original Policy Bond for CI/PTD, Photocopy of policy schedule for Accidental Dismemberment/ Dreaded Disease
- Daily records of treatment during hospitalization
- Discharge summary from the hospital stating the proper diagnosis and date & time of admission and discharge
- All laboratory and pathology tests conducted such as blood reports
- All investigative tests such as X-Ray, scans, MRI etc.
- Relevant questionnaire duly filled (as per the format)
- Declaration by the attending physician on the insured's current state of health
- In case of surgery: surgical notes
- Final hospital bill including details of room charges (ICU/Normal) and OT charges as well
- Copy of signed cancelled cheque (Mandatory) with NEFT Mandate Form
- Government approved identification proof
- Copy of Claimant's current address proof
- Copy of First Information Report (FIR)
- Police Final Report
- Newspaper Cutting

Processed by (Name & Signature):

BRANCH STAMP WITH DATE OF RECEIPT:

Claim Contact Points

Mailing Address: Aviva Life Insurance Company India Ltd. Aviva Towers, Sector-43, Opposite DLF Golf Course, Gurgaon-122003	For any urgent queries contact: Customer service Helpline Number 1800-103-77-66 (Toll Free) 0124-2709046	For any queries please write to: claims@avivaindia.com
---	--	--