

# Rider Claim Handout

We wish you speedy recovery and assure you of our support through the rider claims process. We would like to inform you that following documents are required in order to process your claim request.

1. **Rider Claim Form**

The Rider Claim Form must be duly filled and signed by the Life Insured to process claim for Critical Illness / Aviva Heart Care / Aviva Health Secure / Accidental Dismemberment / Permanent Total Disability / Dread Disease / Hospital and Surgical Cash Benefit / Terminal illness.

2. **Diagnostic test reports related to hospitalisation and treatment**

Copy of all Blood / Medical Test Reports undergone prior to, during and after the admission in hospital.

3. **Daily treatment records from Treating Hospital**

Copy of the medical records that were maintained on a daily basis during the duration of hospitalization of the Life Insured.

4. **Discharge Summary**

Copy of Discharge Summary issued by the hospital where Life Insured had taken treatment.

5. **Other Hospital Papers**

Treatment Records of Life Insured for any illness in the past / during current admission.

6. **Photo Identification proof of the Policyholder/Life Insured**

Photo ID proof like copy of Passport, PAN Card, Voter Identity card, Driving License, Aadhar card, etc.

7. **Banking Details**

To make direct transfer of claim payment to Life Insured's account, please provide copy of cancelled cheque (Mandatory) bearing IFSC code, Bank account number and name of the Life Insured. If the cancelled cheque copy does not contain the information asked for, please provide the passbook copy along with cancelled cheque copy or submit duly endorsed NEFT Mandate form available on the Website or at any Aviva Branch.

8. **Final hospital bill including details of room charges (ICU/Normal)**

In case of Hospital and Surgical Cash Benefit Rider, final hospital bill is required incorporating the exact details of number of days of admission of patient in ICU or Normal Ward separately.

9. **First Information Report (FIR) & Final Police Investigation Report ( In case of accident only )**

Copy of FIR to be obtained from Police Authorities in case FIR has been lodged and Police Inquest has been done or in process.

10. **CRS form to be filled only if payee's tax citizenship is of outside India**

This form is available on the Aviva website or at any Aviva Branch.



**Aviva Life Insurance Company India Limited**  
401-A, 4th Floor, Block A, DLF Cyber Park, Sector-20,  
NH-8, Gurugram, Haryana-122 016  
[www.avivaindia.com](http://www.avivaindia.com)



**Customer Service Helpline Number**  
1800-103-77-66 (Toll Free)  
0124-270-9046



**Email**  
[claims@avivaindia.com](mailto:claims@avivaindia.com)

# Rider Claim Form

Critical Illness / Aviva Heart Care / Aviva Health Secure / Accidental Dismemberment / Permanent Total Disability / Dreaded Disease / Hospital and Surgical Cash Benefit Rider / Terminal Illness

- Rider Claim form must be duly filled and signed by the Life Insured. Please refer to the Rider Claim Handout for the list of documents required to be submit along with the Rider Claim Form.
- Kindly submit all the required documents (self attested) at any Aviva branch or courier it to the Aviva's Head Office.

Mandatory Documents to be Submitted	Additional Documents to be Submitted
<ol style="list-style-type: none"> <li>Rider Claim Form duly filled and signed by the Life Insured</li> <li>Diagnostic test reports related to hospitalisation and treatment</li> <li>Discharge Summary and Other hospital papers</li> <li>Copy of Aadhar Card of the Life Insured</li> <li>Copy of signed Cancelled Cheque for Electronic transfer of funds</li> </ol>	<ol style="list-style-type: none"> <li>Final hospital bill including details of room charges (ICU/ Normal) in case of Hospital and Surgical Cash Benefit Rider</li> <li>First Information Report &amp; Final Police Investigation Report in case of claim due to accident</li> </ol>

## LIFE INSURED DETAILS

Policy Number(s) (Please mention all policy No.s with Aviva) \_\_\_\_\_

Name of Life Insured \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Pin Code \_\_\_\_\_

Mobile Number \_\_\_\_\_ Email ID \_\_\_\_\_

Aadhar No (Mandatory) \_\_\_\_\_ PAN No (Mandatory) \_\_\_\_\_

Residence for Tax Purposes in Jurisdiction(s) outside India:  Yes\*  No

\* If "Yes", kindly fill the CRS/FATCA Addendum available on the Aviva Website or at any Aviva Branch

### Employment Details of the Life Insured (Applicable only if Life Insured is a salaried employee)\*

Employer's Name \_\_\_\_\_

Address: \_\_\_\_\_

Mobile number or Landline number with STD Code \_\_\_\_\_

Designation at Work Place \_\_\_\_\_ Exact nature of Job \_\_\_\_\_

\* Please submit the Employer Questionnaire available on the website or any AVIVA branch

## BANK ACCOUNT DETAILS

Account Holder's Name (as appearing in the Bank records) \_\_\_\_\_

Bank Name \_\_\_\_\_

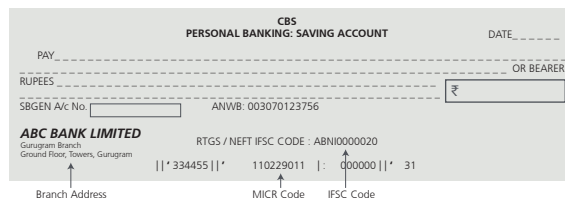
Branch Address \_\_\_\_\_

Account Number \_\_\_\_\_

IFSC Code (11 digits) \_\_\_\_\_

MICR Code (9 digits) \_\_\_\_\_

Account Type  Savings Account  Current Account  NRE\*  NRO



\* For NRE Account Type, kindly submit Pre Printed cancelled Cheque of NRE Account and Self Attested Bank Statement/Passbook of NRE Account from which premiums are remitted. Aviva will not be responsible for any delay or non-credit due to incorrect banking details.

## CLAIM DETAILS (PLEASE SUBMIT SUPPORTING DOCUMENTS)

Nature of illness

Date of first sign of Symptoms in relation to illness

Date of first Medical Consultation in relation to illness

Date of Accident (In Case of Accident only)  Nature of Accident

### Provide following details in relation to your Hospitalisation for illness / accident

Name of Hospital	Hospitalisation Date	Date of Diagnosis	Treatment Undergone/Surgery Performed	Date of Discharge
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you previously suffered from or received treatment for the above mentioned illness:  Yes\*  No

\*If "yes", please provide the following details:

Name of the Doctor/Hospital consulted during illness	Address, Contact no. of Doctor/Hospital	Date of Consultation	Nature of Illness
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Details of other Life Insurance / Mediclaim / Health Policies held by Life Insured

Name of Company	Policy Number	Policy Issuance Date	Sum Insured/Premium	Claim Status (If any)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

I permit/authorize the Company to collect, store, communicate and process information relating to the Account and all transactions therein, by the Company and any of its affiliates wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign.

Signature/Thumb Impression  
of Life Insured

Date

Place \_\_\_\_\_

## AUTHORISATION

Life Insurance Policy No.(s)

I Mr./Mrs/Ms.  (name of the Life Insured), 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 may have acquired whether before or after the issuance of the policy as well as details from other Life Insurance Companies regarding any existing policies which I may have sourced before or after the issuance of the policy contract.

Date

Yours faithfully

Place

Signature/Thumb Impression  
of Life Insured

### Contact Details of the Life Insured

Complete Address

Mobile Number  Landline with STD Code

## FOR BRANCH USE ONLY

Policy No.(s)

Service Request Id

Processed by (Name & Signature)

Branch Stamp & Date

### Note

1. Claim payment is subject to evaluation of claim and terms and condition of the policy
2. On assessment of documents, Aviva reserves the rights to call for additional documents



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