

6) Did the Life Assured suffer from any ongoing or recurrent health problems? : Yes No
 If yes, please furnish the details below.

I) Nature of illness/ ailment/ disorder : _____

II) Duration of illness/ ailment/ disorder : _____

III) Name of the doctor/ hospital where the Life Assured was treated for the same : _____

7) Name & Addresses of the Doctor/ Hospital(s) who treated him / her during the last three years & the ailments treated by them:

Name of the Doctor/Hospital	Address	Contact No	Date of Consultation/ Admission	Disease/Condition

8) Particulars of other Life Insurance/ Mediclaim policies held by the Life Assured

Policy Details	Policy 1	Policy 2	Policy 3	Policy 4
Policy Number				
Name of the Company				
Commencement Date				
Base Sum Assured				
Rider Sum Assured				
Year of Claim				
Cause of Claim				
Amount Claimed				

9) Any other information, which you consider would be vital in the claim review process under this policy? : _____

III. Declaration And Authorization

"I/We, the above mentioned claimant/s do solemnly declare the foregoing statements are true & agree that furnishing this form, or any other form supplemental there to, by the company, shall not constitute an admission by it that there was any insurance in force on the life in question or a waiver of any rights or defence. We agree that submission of this form will not be construed as acceptance of claim by Aegon Life Insurance Co. Ltd. I/we hereby give our/my consent to Aegon Life Insurance Co. Ltd and /or its representative to obtain all past/present employment/birth registrar/medical/Govt. or Pvt Hospital records/other records(including photocopies)/information pertaining to the treatment/occupation of the life assured and/ or conduct such investigations as it may deem fit. We agree that payment of claim amount shall constitute discharge of liability of Aegon Life Insurance Co.Ltd"

Signature of Claimant _____

Signed at _____ (Place) Date _____

"Vernacular Declaration (if the Claimant signs in vernacular or affixes thumb impression, the witness should also sign the following declaration):

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

Name of the Witness : _____

Address : _____

Contact No. of the Witness: _____

(Signature of the Witness)

Witness declaration to be signed by any of these: person of local standing / Special Executive Magistrate / Notary / Lawyer / Class 1 Gazetted Officer"

Document Checklist

1. Claimants Statement
2. Medical Attendant Certificate
3. Police report for accident claims
4. KYC documents of claimant (Mandatory)
 - i. PAN or Form No. 60
 - ii. Copy of any one of the following (Identity & address proof of claimant).
 - a. Proof of possession of Aadhaar number in such form as are issued by the Unique Identification Authority of India (means 'Aadhaar Card')
 - b. Passport (unexpired)
 - c. Driving License (unexpired)
 - d. Voter's Identity Card
 - e. Job card issued by NREGA duly signed by an officer of the State Government
 - iii. One recent photograph of the claimant

- ✓ All payments shall be made according to terms and conditions of the policy. The Company retains the right to call for further evidence needed to process the claim
- ✓ Acceptance of forms does not amount to admission of the liability by the Company