

LIFE INSURANCE CORPORATION OF INDIA  
(Report from Hospital / Medical Centre)

Claim Form: AD (KF)-3  
Branch Office:

Divisional Office:

Re: Kidney Failure Claim under Asha Deep policy No. \_\_\_\_\_  
favouring \_\_\_\_\_

=====  
(Note: This form should **NOT** be given to anyone in person but sent directly to the  
Branch Office in self-addressed envelope)

1) The particulars of life assured undergoing : Name: \_\_\_\_\_

renal dialysis/or underwent kidney : Address: \_\_\_\_\_

transplantation \_\_\_\_\_

Age: / /

2) Give below details of end-stage renal disease :

**Date of Onset Cause**

i) Primary Kidney disease :

ii) Systemic disease affecting kidney :

iii) Others :

3) If undergoing renal dialysis, give

i) Date of first renal dialysis : / / / /

ii) No. of dialysis during the current month : / /

iii) No. of dialysis during the last month : / /

iv) No. of dialysis during the preceeding  
month to the last month. : / /

4) If undergone kidney transplantation

i) Date of transplantation

ii) Date of discharge

Signature of Medical Officer

Date:

Seal of Hospital/Medical Centre