

LIFE INSURANCE CORPORATION OF INDIA

Divisional Office :
Branch Office :

Re : Claim under Survival Benefit option II of Jeevan Asha Plan for Pol. No. _____

As per the option made at the proposal stage, I hereby apply for availing of the first/second SB under option II. I am enclosing the Doctor's certificate showing the need for medical assistance with an estimate of hospital expenses for such treatment. The policy bond for endorsement is also enclosed.

Name & Signature of Witness Signature/Thumb Impression

Of the Life assured

Name of the Life Assured :

Address :

Tel. No./ E.mail Address :

Date :

CERTIFICATE OF DOMICILIARY / HOSPITAL TREATMENT

I have examined Shri/Smt _____ (full name of the Life Assured)
on _____ (Date of Consultation). He/She is suffering from _____ (Diagnosis)
since _____. The estimated / actual medical expenses for the above treatment is Rs. _____.

Name & Signature of the Doctor

With Registration No.

Address & Tel. No.

Date :

Place :