

LIFE INSURANCE CORPORATION OF INDIA

Divisional Office :

Branch Office :

Re : Claim for minor/major surgical procedure covered under Jeevan Asha Policy No. _____

1) Full Name of the Life Assured :

2) Address :

Tel. No. :

E.Mail Address:

3) Whether the benefit is claimed under

a) major surgical procedure _____

or

minor surgical procedure _____

b) Amount of benefit claimed _____

4) a) The date of first consultation
with the Medical Attendant _____

b) The nature of complaint/ ailment _____

c) The system of the body that was
operated _____

d) The surgical procedure undergone _____

e) Was the surgery performed for any
malignant condition? _____

f) The condition of the scar _____

5) Particulars of the Doctors consulted :

Name, address, Date/s of
Tel. No Consultation

- a) Medical Attendant
- b) Specialist
- c) Operating Surgeon

6) Please give the particulars of Hospital/Medical Centre where operated :

- a) Name
- b) Address
- c) Telephone no.
- d) Date of Admission :
- Date of Operation :
- e) Date of Discharge and details of discharge :

7) Please submit the following reports for the surgical procedures undergone.

Minor/Major surgical procedures Pre-operative Post-operative
Evidences Evidences

(BO to mention the pre-operative and post-operative reports required to be submitted by policyholder
vide Annexure VI) (If any of the report/s is/are not enclosed, give reasons)

8) Details of other Jeevan Asha Policies, if any :

Pol. No. DOC SA Servicing LIC BO

I, _____ do hereby declare that the statements made herein above are
true and complete in each and every respect.

Notwithstanding the provisions of any law, usage, custom or convention for the time being in
force prohibiting any Physician or Hospital from divulging any knowledge or information acquired by
him/them in attending upon or examining a person on the ground of secrecy, I hereby authorize the
Physician or Hospital who has attended upon or examined or treated me for any ailment or illness to
divulge any knowledge or information regarding my state of health which he has/they have acquired
whether before or after this policy was issued by the corporation, to the corporation, its officer/s and
Legal Advisors or in any Court of Law.

I am enclosing the policy bond.

Name & Signature of Witness

Signature/Thumb Impression of the Life Assured

Name of the Life Assured :

Address :

CERTIFICATE OF MEDICAL ATTENDANT

I have examined Shri/Smt _____ aged _____ years and I have diagnosed his/her ailment as _____ on _____ and recommended for further surgical treatment. The surgical Intervention was performed on _____ at _____ and the details of the scar i.e., location, length, size etc. are _____.

Name & Signature of the Doctor with
Registration No.

Address & Tel. No.

Date :

Place :

FORM OF ENDORSEMENT TO BE PLACED ON THE POLICY BOND AFTER ADMISSION OF THE CLAIM FOR BENEFIT (B) UNDER JEEVAN ASHA I / II

Ref : Pol.No. _____

Notice having been given to the corporation of the occurrence of the contingency _____ (mention the contingency) as stipulated in the Policy Condition 11(b), the claim for Benefit (B) as provided for in the policy schedule is admitted. Rs. _____ being 20% / 30% / 50% of the Sum assured is paid on _____. This benefit is claimed for the First / Second instance.

Date :

Sr./Branch Manager

Annexure IV

FORM OF ENDORSEMENT AFTER CONVERSION OF JEEVAN ASHA PLAN I & II TO ENDOWMENT POLICIES (TABLE 14) WHEN LIEN CLAUSE IS ATTRACTED

Consequent upon the Life Assured under the within mentioned policy having been affected by / having undergone _____ (to mention the name of ailment / operation) within one year from the date of commencement of risk/date of revival of the policy, it is hereby declared and agreed that this policy shall stand converted into an Endowment Assurance Policy with Profits.

It is hereby declared that the following alterations are made in the policy.
(mention mode) _____ premiums from _____
(mention date of policy anniversary following risk / revival) to (mention DOLP) _____
inclusive, is payable at Rs. _____ (mention altered premiums under Table 14).

Date :

Sr./Branch Manager