

LIFE INSURANCE CORPORATION OF INDIA
Claim Form JB (FCI)-1

Divisional Office:

Branch Office:

Re: Female Critical Illness Benefit claim under Jeevan Bharati
Policy No. Fvg. _____

(This form should be completed by the Life Assured)

1) Full Name :

Address :

2) i) When was cancer diagnosed : Date :

ii) (a) The organ from where the cancer originated

(b) Organ(s) to which cancer has spread

3) Whether you had suffered from tumour/cancer in the past also? Yes / No

If yes, give details :

a) Date of diagnosis

b) Details of tumour/cancer

c) Treatment taken

4) Give below the dates on which you **first** consulted the Doctors for the treatment of Cancer :

Name & Address	Date (s)
i) Medical Attendant	
ii) Oncologist/Medical Specialist	

5) State the Name & Address of the Name :

Hospital or Medical Centre where

You were undergoing treatment for Address :

Cancer

Tel.No.

Date of first admission :

Details of treatment :

Subsequent treatments : Date Details

Please submit in original :

i) Hospital Discharge Card

ii) Biopsy report(s) (Histopathology reports)

iii) Blood Reports, x-ray plate(s) & report (s)

and any other investigation report(s) done.

iv) Certificate from concerned specialist (i.e. Claim forms)

6) Do you have any other Jeevan Bharati Policy? If so, give details :

Policy No.	Date of	Sum Assured	Servicing Branch	commencement	Office
------------	---------	-------------	------------------	--------------	--------

I, _____ do hereby declare that the statements made hereinabove 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 grounds of secrecy, I hereby authorize the Physician or Hospital who 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/they may have acquired whether before or after the policy was issued by the Corporation, to the Corporation, its offices and legal advisers or in any court of law.

Name & Signature of Witness

Signature/thumb impression of the Life Assured

Address :

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 above Life Assured in vernacular and she has affixed her signature/thumb impression hereto after fully understanding the same.

Signature of Witness