Canara HSBC
LIFE INSURANCE

Health Claim Form (Form – C)

Important Information:

1) **Claim settlement process doesn't require any payment of fee to anyone etc. In case anyone asks for it, then claimant must inform the Company at Toll free number.**
2) The benefit is payable subject to policy being in force on date of event and also subject to the fulfillment of all terms and conditions/definitions as stated in the policy.
3) To be filled in by the person who is legally entitled to the policy monies
4) Submission of this form should not be construed as acceptance of the claim
5) Please submit this form and the requirements at the nearest branch/hub or at the address as indicated below

Policy no(s):_____ Other Health Policy no (s): _____

A. Details of the Life Assured

Name _____ Current Age ☐☐☐ years

_____

Residential Address

Occupation _____Annual Income (p.a.) _____INR

Name of the employer (if salaried) _____Address

_____

_____ Contact no. _____

Claim submitted for: (Selecting the option does not confirm the admissibility of the claim.)

1) Heart Cover- Minor condition ☐ Heart Cover – Major condition ☐

2) Cancer Cover - Minor condition ☐ Cancer Cover- Major condition ☐ 3) Critical Illness ☐

Notes – Any additional information you would like to mention:

_____

B. Details of the Claimant (In case of more than one claimant, please attach additional sheet)

Name(s) _____Relation to the life assured ___

Date of Birth ☐☐/☐☐/☐☐☐☐ Mailing Address

_____ Telephone _____ Mobile _____

E-mail ID

Please enclose a copy of self attested photo ID proof (Please tick whichever is submitted)

☐ Passport ☐ Driving License ☐ Voter's ID card ☐ PAN card ☐ AADHAR card

☐ Company ID card ☐ Other, please specify _____

C. Bank Details of the Claimant (MANDATORY)

Bank Account No . _____ Type of Account: : Saving Current NRE NRO (In case of NRI Claimant, please provide NRO account number only)

IFS Code _____

Bank Name and Address _____

Note- Kindly attach a copy of cancelled cheque with account number and name of the account holder printed on it or Copy of self attested Bank Account Statement of last 6 months/ Bank Passbook with Photograph.

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D. Details of illness/claim

What was the nature of the complaint and the symptoms? _____

Please specify the treatment undertaken for the above complaint_____

_____

Date when first symptoms of Illness noted : I I I/I I I/□□□□

_____

Date of Diagnosis: _____ Name of the Hospital:

_____

Date of Last Consultation/ hospitalization:_____ Date of Discharge:

_____

Name and Contact Number of treating Doctor:

_____

Detailed Description (giving cause):

_____

_____

E. Name and addresses of all the doctors and usual doctor consulted by the life assured for any illness during the last 5 years

S. No.	Name & Address of the doctor with Contact no.	Date of consultation /	Diagnosis	Treatment Details

F. Please give the details of the Medical/Sick leave taken in the last 5 years

Date From	Date To	Reasons as per Medical Certificate/ Leave Application Diagnosis	Employer Insurance Availed Yes/ No

G. Details of Other Life Insurance and Mediclaim policies on the life of the life assured:

S. No.	Policy No.	Name of Company	Policy Date	Basic Sum Assured (Rs.)	Rider Benefit amount (Rs.)	Claim Status

H. Declaration and Authorization:

I/We do hereby declare that the information provided hereinabove is true in each and every respect and the settlement of claim shall strictly be in accordance with the policy terms and conditions. I irrevocably authorize all the medical establishments (medical labs included), government institutions/ agencies (police authorities, revenue, etc.) to reveal/share mental and physical treatment information (past and present) including HIV/AIDS and others, related to the Life Assured, to Canara HSBC Life Insurance Co. Ltd

("Company") and/or its agents and authorized representatives. I authorize the Company to share and obtain information, including financial details, on my/our behalf with any reinsurer, insurance association, medical authorities, other insurers, statutory authorities, employer, court, governmental body, regulator, an investigation agency or other service provider(s) for settlement of claim, etc. without obtaining my specific consent for such sharing and I hereby provide my consent for the same. A photo copy of this declaration shall be considered as valid and effective.

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Signature/left hand thumb impression
(If illiterate) of Claimant 1

Name _____

Address _____

Date __/__/____

Signature/left hand thumb impression
(If illiterate) of Claimant 2

Name

Address

Date __/__/____

Signature of Witness (Mandatory)
Name _____ Address _____

Date __/__/____

(This form must be witnessed by any one of the following: (1) An agent of the Company, (2) A Relationship Manager of the Company, (3) A Branch Manager of the distributing bank, (4) A Bank Manager of a Nationalized bank with Rubber Stamp,

Declaration in case of an illiterate claimant/s should be made by a person who is unconnected to the company and whose identity can be easily established:

" I hereby declare that the contents of this form are explained by me in _____ language understood by the claimant and that he/she has/have affixed his/her thumb impression to this form after fully understanding the contents thereof
"_____

(Signature of the Witness) _____

Name _____Address

Contact _____

Relationship with Claimant

Declaration, if this form is signed in Vernacular/Thumb Impression:

I , _____ son / daughter of _____, an adult residing at _____ hereby declare that the contents of this form have been duly explained to me in _____ language and have been understood by me.

(Signature of the customer) _____ Date _____ Contact No. _____

Requirements to be submitted along with this form*:

1. Original Policy Bond	
2. Photo ID & address proof of the claimant (duly attested)	
3. Copy of Bank Passbook/cancel cheque	
Medical Reports and Records	
4. Physician's Statement	
5. Hospital Certificate	
6. Test/ Investigation reports including all the clinical treatments like, radiological, histological and laboratory test evidence (e.g. 2D echocardiogram,treadmill test,USG etc.) as applicable	
7. Any report which gives us confirmation of diagnosis (Heart attack - ECG, Cardiac Injury Profile/ CABG - Surgical Notes and Angiography Reports/Cancer - Histopathology Report/Stroke - CT- SCAN, MRI Report and Neurological Opinion/Major Organ Transplant - Diagnosis of Original Report, Surgical Summary, Discharge Card/Kidney- Biopsy Report, Records of Haemodialysis	

* Company reserves the right to call for any additional requirements

Canara HSBC Life Insurance Company Limited (IRDA Regn. No. 136)
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Unit No.208, 2nd Floor, Kanchenjunga Building, 18 Barakhamba Road, New Delhi - 110001, India, Corporate Identification No.- U66010DL2007PLC248825, Contact 1800-180-0003, 1800-103-0003 (Tel)/ +91 0124 4535099 (Fax)/ Email : customerservice@canarahsbclife.in, Website : www.canarahsbclife.com