

Requirement letter after intimation of claim

Form 905/A1

LIFE INSURANCE CORPORATION OF INDIA

BRANCH OFFICE: _____

Ref: BO code----/Claims/LIC's cancer cover

Date:.....

To

Mr./Ms. _____

Address line no.1 _____

Address line no.2 _____

Address line no.3 _____

Dear Sir/Madam,

Re: LIC's Cancer Cover claim Benefit under Pol No _____

This has reference to your letter dated _____ informing us of the cancer illness suffered by you.

In order to enable us to process the claim, we request you to please send us the following ticked claim documents duly completed.

- 1. Claim Form duly signed by the insured
- 2. NEFT mandate Form , if not registered earlier
- 3. Original Policy document;
- 4. Treating doctor certificate filled by the doctor treating the Life Assured for the diagnosed ailment.
- 5. Hospital certificate/Discharge Summary duly filled by the hospital where Life Assured was admitted.
- 6. Consultant's reports, Operating surgeon's reports
- 7. Confirmatory investigations including, but not limited to, clinical, radiological, histological & laboratory evidence;

8. Please note, on review of above forms and reports, any other document or information may be called for by the Corporation depending on the facts & circumstances of the case;

Please arrange to send us the above requirements at the earliest.

Assuring you of our best services always.

Yours faithfully,
Chief/Sr./Branch Manager.