

## LIFE INSURANCE CORPORATION OF INDIA

Divisional Office \_\_\_\_\_

Branch Office \_\_\_\_\_

## Re: Claim for Disability Benefit

(Questionnaire to be completed by the Life Assured claiming Disability Benefit)

I.1. Name in full of the Life Assured : \_\_\_\_\_

2. Present age : \_\_\_\_\_

3. Occupation Prior to accident : \_\_\_\_\_

4. Full Address: \_\_\_\_\_

5. Particulars of policies held

Policy No.	Sum Assured	Name of the Office servicing the policy
(a) _____	_____	_____
(b) _____	_____	_____
(c) _____	_____	_____
(d) _____	_____	_____

II.1. Nature of disability &amp; parts of the body affected : \_\_\_\_\_

2. Date from which you are disabled : \_\_\_\_\_

3. Describe in brief the circumstances under which you were disabled. Mention the date, time & place of the incident as a result of which you were incapacitated : \_\_\_\_\_

4.(a) If the disability arose as a result of an accident state the name of the Police Station to which the accident was reported, mentioning the Police case No. and date (Attach a copy of the Final Police Investigation Report certified by the Police Authorities) : \_\_\_\_\_

(b) If the accident was not reported to the policy, State the reasons therefor. Mention the full Names, addresses and your relationship with Two persons who might have witnessed the incident: \_\_\_\_\_

5. (a) Mention the nature of injuries received and the parts of the body affected : \_\_\_\_\_

(b) State the names of the Doctor/s, Hospital/s Who/which treated you for the ailments/ injuries/disablement : \_\_\_\_\_

Note: Attach certificate issued by the doctor/s, hospital/s in regard to the treatment for ailments/injuries/disablement.

6. Mention your present vocation : \_\_\_\_\_

I .....do hereby declare that the foregoing statements are true and correct to the best of my knowledge.

Dated at .....this .....day of .....20.....

Signature/Thumb Impression of Life Assured.

Name of the Life Assured : \_\_\_\_\_

Signature of Witness : \_\_\_\_\_

Name : \_\_\_\_\_

Designation : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_