

Claim Form – Dengue Shield

Dengue Fever – A fever which is diagnosed as Dengue Haemorrhagic fever and/or Dengue Shock Syndrome should only be intimated/applicable
(All answers in Block Letters)

- 1) Name of the Life Insured:
- 2) Address of the Life Insured:
- 3) Phone No.:
- 4) Email id:
- 5) Policy Number:
- 6) Date of diagnosis / illness:
- 7) Details of Diagnosis: _____

8) Name, address, telephone number and MCI registration number of the Doctor who diagnosed/treated you:

Name of Doctor	MCI registration number	Address	Telephone no

- 9) Name and Address of the Hospital: _____

- 10) Number of beds in Hospital: _____
- 11) First consultation date: _____
- 12) Details of Hospitalisation:

In-Patient or Out Patient	Name and Address of Doctor/ Hospital	Date & Time of Admission	Date & Time of Discharge

13) 48 Hours of consecutive Hospitalization Yes No

14) Details of Nominee (in case of death of Policyholder)

Particulars	Details
Name of Nominee	
Date of Birth of Nominee	
Relationship with Policyholder	
Address	
Contact Number	
Email Id	
Appointee details if Nominee is minor	

15) Bank Account Details of Policyholder/Nominee, as the case maybe (Please note that all the payments would be made only through direct transfer to the Bank Account, hence cancelled cheque leaf is to be attached).

Name of A/c holder as per bank records: _____

A/c no: IFSC Code:

Name of the Bank: _____ Bank Branch Name & Address: _____

Declaration

I/We authorize DHFL Pramerica Life Insurance Company Limited to process the proceeds under the claim of the aforesaid policy/s through Electronic Funds Transfer to the above mentioned bank account details. Further the Company reserves the right to use any alternative payout option including demand draft/ payable at par cheque irrespective of opting for Electronic Payout method. I/We, accept the full responsibility for above mentioned Bank account details. I/We will not hold DHFL Pramerica Life Insurance Company Limited liable for any loss if funds are transferred or not transferred or delayed due incomplete or incorrect or third party banking details provided above.

Signature of Policyholder/ Nominee

Supporting documents to be enclosed herewith: (Self attested)

- | | |
|---|--------------------------|
| | Enclosed |
| 1) Policy Document (only copy required) | <input type="checkbox"/> |
| 2) Reports including all investigation reports (only copy required) | <input type="checkbox"/> |
| 3) Attending Doctor / hospital certificate/s | <input type="checkbox"/> |
| 4) Platelet levels, Hematocrit levels and Immunoglobulins/PCR Test reports | <input type="checkbox"/> |
| 5) Discharge summary copies | <input type="checkbox"/> |
| 6) Cancelled Cheque leaf & Bank Passbook/bank statement | <input type="checkbox"/> |
| 7) Photo id proof (ID and Age proof) of Life Insured and Policyholder (Aadhar Card, Voter ID, DL, PAN card with Bank statement, Passport) | <input type="checkbox"/> |
| 8) Certificate of Death (if applicable) | <input type="checkbox"/> |
| Others: _____ | <input type="checkbox"/> |

Declaration

I hereby declare that the statements made in this claim form by me are true and correct to the best of my knowledge and belief.

Signature of the Policyholder/Nominee

Date:

Declaration by the person completing this claim form

DHFL Pramerica Life Insurance Company Limited requires that this form is completed by the Policyholder/ Nominee. If this is not possible because the Policyholder/ Nominee does not read, write or speak English, then this form may be completed by another person who must complete the following declaration.

I have explained the contents of this form to the Policyholder/ Nominee and endeavored to ensure that the contents have been fully understood. I have accurately recorded the responses to the information sought by this Claim form and I have read the responses back to the Policyholder/ Nominee and confirmed that they are correct.

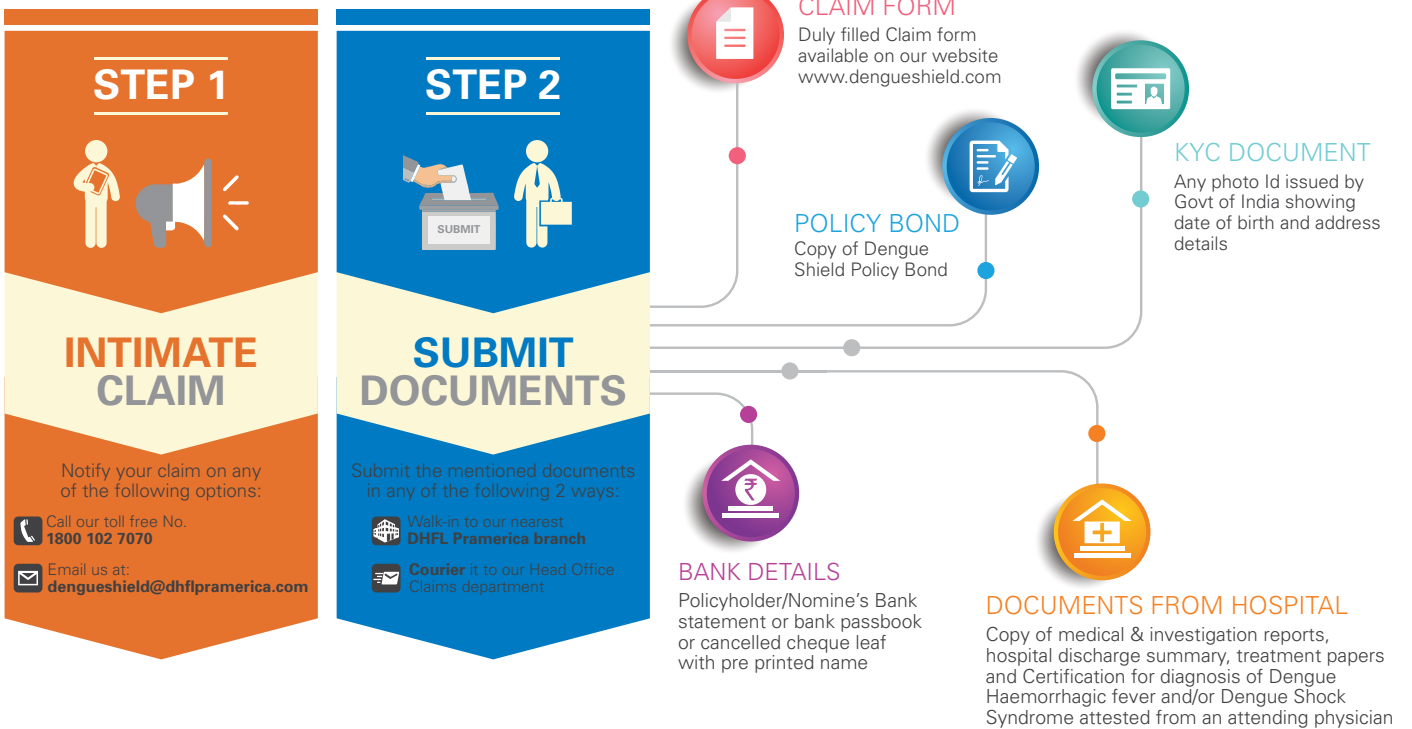
Name of Declarant:

Occupation: Phone Number:

Signature of Declarant:

Date:

Intimate Dengue Shield Claim In Just 2 Simple Steps!



NOTE: The Company reserves the right to call for additional documents/requirements. Carefully review the Terms and Conditions of your Policy Document. The Claim under the policy is subject to the Terms and Conditions stated in the Policy Document