

If there is any further information, which in your opinion will assist us in assessing this claim, please furnish the information below.

Declaration:

I/We hereby certify that the above information is true and correct as per the records maintained by me/hospitals. I hereby provide my consent to receive call from Aditya Birla Sun Life Insurance Company Limited (ABSLI) or its authorized Service Providers in connection with any matter related to this Policy.

Name of the physician: _____

Registration No.

Address: _____

Tel No.: Mobile No.:

_____ Date: Place: _____

Signature with Seal

Any confidential information, which in your opinion should be in the possession of the company, should be forwarded to Head Office at the below mentioned address:

FOR/1/17-18/1444

"The Trade Logo "Aditya Birla Capital" Displayed Above Is Owned By ADITYA BIRLA MANAGEMENT CORPORATION PRIVATE LIMITED (Trademark Owner) And Used By ADITYA BIRLA SUN LIFE INSURANCE COMPANY LIMITED (ABSLI) under the License."

Aditya Birla Sun Life Insurance Company Limited Registered Office: One World Centre, Tower 1, 16th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai - 400 013. IRDAI Reg No.109 | CIN: U99999MH2000PLC128110 Toll free no. 1-800-270-7000 <https://lifeinsurance.adityabirlacapital.com>

