

**EFU LIFE ASSURANCE LTD**  
**LIVING BENEFIT CLAIM INTIMATION FORM**



**Section 1: Details of Policy**

1. Policy Number _____	2. Date of Commencement _____	3. Mode _____
4. Main Plan Sum Assured _____	5. Total Premium _____	6. Status _____
7. Riders _____	8. Next Premium Due Date _____	

**Section 2: Details of Life Assured**

1. Name _____		
2. Correspondence Address _____ _____		
3. Tel # _____	4. Cell # _____	5. E-mail Address _____

**Section 3: Details of Claim**

Tick on the appropriate benefit / rider under which the claim is being made:

1. Lifecare Benefit (LBI/LBP/LCI/LCP) <input type="checkbox"/>	4. Medical Recovery Benefit (MRB) <input type="checkbox"/>
2. Accidental Disability Benefit (ADDB /ADDP) <input type="checkbox"/>	5. Hospitalcare Benefit (HC+) <input type="checkbox"/> (No. of days admitted _____)
3. Waiver of Premium Benefit (WOP) <input type="checkbox"/>	6. Accident and Sickness Benefit (AH/ASI/ADI) <input type="checkbox"/>

*Please check from the policy schedule that the benefit/rider is attached to the policy under which the claim is being made.*

**Section 4: Details of Event**

1. Type of illness/disability _____ (Name the event relating to the benefit/rider selected above in section 3)	
2. Place of accident (if accidental) _____	3. Date of occurrence of event _____
4. Date of first consultation with doctor or hospitalization (if any) _____	
5. Name of the Hospital(s)/Clinic(s)/Doctor(s) consulted within last 1 year _____ _____	
6. Address, Tel. No. of Hospital(s)/Clinic(s)/Doctor(s) consulted within last 1 year _____ _____	
7. Brief description of event (attach separate sheet of paper if required) _____	

**Section 5 : Affirmation by the Life Assured\***

*\*Signature required in case this form has been filled out by the life assured, otherwise please leave blank.*

I have fully understood the contents of this form and hereby declare that whatever is stated above is true and accurate to the best of my knowledge and belief.

Signature of life assured \_\_\_\_\_ Date \_\_\_\_\_

*Disclaimer: Please note that this is an intimation of a living benefit claim and not in any way admission of liability on part of the Company. Separate detailed living benefit claim forms will be issued after submission of Intimation Form.*

**Section 6: Details of Branch Certification (To be filled by the Location Manager (LM))**

1. Branch Name _____	2. Servicing Consultant _____	3. S.C Code _____
3. Date and time of intimation _____	3. Source of Intimation _____	
4. Any other important information _____		
5. Name of Location Manager _____	6. Signature of LM _____	