CEYLINCO LIFE®

A Relationship For Life™

Ceylinco Life Insurance Limited, Ceylinco Life Tower, 106, Havelock Road, Colombo 5. Co. Reg. No. PB5183 Tel: (011) 2461461 E-mail: service@ceylife.lk Web: www.ceylincolife.com

DIGASIRI BENEFIT (DREAD DISEASE) CLAIM FORM

(This form should be completed by the life assured/claimant)

Policy No.: ______________________

1. PARTICULARS OF LIFE ASSURED/CLAIMANT

(If the Llife Assured or Claimant is a minor, a guardian should complete this application with relevant details)

i. NAME OF CLAIMANT :

ii. NAME OF LIFE ASSURED :

iii. DATE OF BIRTH :

iv. OCCUPATION :

v. ADDRESS :

2. PARTICULARS OF CLAIM

i. Describe in detail the nature and extent of the illness in respect of which the claim is made.

ii. When did you first get medical advice in respect of this illness?

iii. Have you ever suffered from and been treated previously for a similar illness or any other illness? If so, give the relevant particulars below.

Date	Hospital/Nursing home	Description of illness(es)

3. RECORD OF MEDICAL CONSULTATIONS

Give the below relevant information of the Medical Specialists, Surgeons and other Medical Practitioners consulted in respect of the illness for which the claim is made.

i. (a) Name :

(b) Address :

(c) Dates of consultation :

ii. Name of Hospital/Nursing Home etc., where you received treatment :

iii. Date of Admission :

iv. Date of Discharge :

v. Name and address of General Practitioner if different from above :

4. General

i. Have any of your close relatives suffered from a similar or related illness? If yes please state,

(a) Relationship of relative :

(b) Nature of illness :

(c) Date when illness was first diagnosed :

ii. Are you insured for similar benefits with any other Insurer? If so, state,

(a) Name of Insurer :

(b) Policy No. :

(c) Amount of benefit insured :

iii. Have you made any claims in connection with such insured benefits?

iv. Do you smoke cigarettes? YES/NO If yes,

(a) What is your daily consumption?

(b) For how long have you been smoking?

5. Bank account details (For direct fund transfers, if necessary)

Account Number :

Bank and Branch :

Account Holder's Name :

Mobile No. :

Please furnish us with a photocopy of the statement/passbook (01st page only).

DECLARATION

I hereby declare that

i. all answers given by me, in this form are my own statements.

ii. to the best of my knowledge and belief, all answers are true and complete in all respects.

iii. I have not withheld any information having a bearing on this claim.

I also hereby permit Ceylinco Life Insurance Ltd, seeking information from

i. any doctor or any other personnel who, at any time, has attended on me concerning anything which affects my physical or mental health.

ii. any hospital, nursing home, or similar medical institution.

iii. any insurance office from where I have obtained life assurance on my life or a proposal for life assurance, and authorise the release of such information.

Date: ____________ Signature ____________

WITNESS:

NAME ____________

ADDRESS ____________

SIGNATURE ____________