

Claim No.: _____

RELIANCE CRITICAL ILLNESS POLICY - CLAIM FORM

Issuance of this form does not amount to admission of any liability under the policy on the part of the Company. Please give the following information correctly and completely to enable us process your claim promptly.

To be filled in BLOCK LETTERS. PLEASE ANSWER ALL QUESTIONS COMPLETELY	
1.	*Name of the Insured (In whose name the policy is issued) <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> M/S. F I R S T M I D D L E L A S T
2.	*Address Of The Insured
	Plot No./Flat No. Building Name
	Road/Street/Sector
	Area
	Taluka/Village/District/City *Pin Code
	State Country
	*Telephone *Mobile
	Aadhaar (UIDAI) No./VID No. PAN No.
	*Email
	Profession/Occupation <input type="checkbox"/> Business <input type="checkbox"/> Profession <input type="checkbox"/> Salary <input type="checkbox"/> Agricultural Income <input type="checkbox"/> Savings <input type="checkbox"/> Others
	Monthly Income <input type="checkbox"/> Upto ₹ 20,000 <input type="checkbox"/> ₹ 20,001 to ₹ 50,000 <input type="checkbox"/> ₹ 50,001 to ₹ 1,00,000 <input type="checkbox"/> ₹ 1,00,001 and above
3.	*Name of the Insured Person (In respect of whom the claim is made)
	Relationship With The Insured
	Present Completed Age Occupation
4.	*Policy No. (In Full) Sum Insured
	Period of Insurance DD/MM/YYYY To DD/MM/YYYY
	Agent/Sub Agent Name
	Agent Mobile No. Agent Email ID
5.	Nature of disease/illness contracted, injury sustained or surgery performed? _____
6.	Is the disease/illness contracted or surgery performed due to any accident? <input type="checkbox"/> Yes <input type="checkbox"/> No
	if YES, please provide the details of accident _____
7.	Date on which you first visited a doctor with complaints related to this illness/injury. DD/MM/YYYY
8.	Name and Address of the attending Medical Practitioner
	Dr. _____
	Plot No./Flat No. Building Name
	Road/Street/Sector
	Area
	Taluka/Village/District/City Pin Code
	State Country
	Telephone Mobile



reliancegeneral.co.in



022 4890 3009 (Paid)



74004 22200 (WhatsApp)

	E-mail		Fax
	Qualification		
	Registration No.		
9.	Please give details of the treatment you have received including dates of out patient or inpatient treatment		
10.	Have any of your blood relatives suffered from similar or related illness?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If YES, give details of when it was initially diagnosed _____		
11.	Have you been hospitalized?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If YES, Name & Address of Hospital/Nursing Home _____		
	Plot No./Flat No.	Building Name	
	Road/Street/Sector		
	Area		
	Taluka/Nillage/District/City	Pin Code	
	State	Country	
	Telephone	Mobile	
	E-mail	Fax	
12.	Date of Admission	DD/MM/YYYY	Date of Discharge DD/MM/YYYY
13.	Is this the first claim under this Policy?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If NO, Please Quote Previous Claim Number And Details _____		

PROPOSER'S BANK DETAILS

Name of the Bank Account Holder	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	F I R S T	M I D D L E	L A S T
Bank Account No.:	Account:	<input type="checkbox"/> Saving <input type="checkbox"/> Current		
Name of the Bank				
Branch				
MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)				
IFSC Code (11 character code appearing on your cheque leaf)				
<input type="checkbox"/> I understand that any refund due on the premium payment / any payment / claims to be directly credited to my aforesaid Bank Account.*				
*As per IRDAI, its mandatory that all payments made to the insured are only through electronic mode.				
Note: Please attach original cancelled cheque and a copy of PAN card for verification of the particulars provided in this regard.				

AADHAAR BASED PAYMENT (For Reimbursement claims)

Aadhaar Card No.: _____ (Note: **Self attested** Aadhaar card copy to be submitted)

I wish to collect claim reimbursement directly in my Bank account linked with my aforementioned Aadhaar Card. I understand that the claim amount shall be credited directly in my latest Bank account linked with my Aadhaar Card.

I/We hereby declare that the details given above are true and correct to the best of my belief and knowledge. In the event above information or any part thereof is found incorrect, I agree that all right under the policy will be forfeited. I agree to provide additional information to the Company if required. I will indemnify and hold harmless the Company due to any loss arising out of misstatement in this form and am willing if required, to make a statutory Declaration before a Justice of the Peace of the truth of the whole of the foregoing statement or any other statement I may make in connection with this claim.

I further agree and undertake not to receive from Reliance General Insurance Company Limited any rebate other than that mentioned in the published prospectus in accordance with the provisions Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015.

Date: DD / MM / YYYY

Place: _____

Signature of Insured Person

PEP DECLARATION:

Are you a Politically Exposed Person (PEP)? Yes No

If yes, please mention the position held

Is any of your close relation or family member a PEP? Yes No

If yes, please mention the name and relation and the position held by such close relative/family member.

I hereby declare that in future if me, any of my close relatives or any of my family member attains a position of PEP then I shall confirm the same to Reliance General Insurance Co. Ltd as a mandate. I understand that this is a crucial information under the PMLA Rules and AML/CFT Guidelines and shall confirm that the answers given by me is true. In case the company comes to know that this is a misrepresentation and concealment of information then the policy shall be put on hold for scrutiny by the company and I shall be solely responsible for the same.

Note :

"Politically Exposed Persons" (PEPs) shall have the meaning assigned to it under sub clause (db) of clause (1) of Rule 2 of the Prevention of Money Laundering (Maintenance of Records) Rules, 2005."

(db) "Politically Exposed Persons" (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials".

AML Guidelines

1. I/We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been /will be paid out of proceeds of crime related to any of the offense listed in Prevention of Money Laundering Act,2002.
2. I Understand that the Company has the right to call for document to established sources of funds.
3. The Insurance Company has right to cancel the insurance contract in case I am/have been found guilty by competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

Place: _____

Date: _____

Signature of Proposer

GENERAL DECLARATION:

I understand that as per the new AML/CFT Guidelines issued Reliance General Insurance Co. Ltd will be verifying my details pertaining to KYC and PAN provided at the time of proposal.

I further, do hereby agree and consent that in the case of the event of a mismatch of information provided by me in the proposal form, identification proof, and address proof at the time of issuance of the policy. I request Reliance General Insurance Company Limited to issue the policy with the details appearing as per my proposal form. I will be solely responsible for any consequences arising out of the difference in detail given by me during the verification of supporting documents provided by me at the time of issuance of the policy or otherwise.

HEALTH CARE ADDRESS:

Health Care Unit: Reliance General Insurance, No.1-89/3/B/40 to 42/ks/301, 3rd floor, Krishe Block, Krishe Sapphire, Madhapur, Hyderabad - 500081. **Email:** healthcare@indusindinsurance.com.

DOCUMENT CHECK LIST FOR CRITICAL ILLNESS CLAIM SUBMISSION

Sr.No.	Critical Illness Claim Document Type	Yes/No.
A.	Duly filled and signed Claim form	
B.	Complete treatment record like Discharge summary, Consultation papers with supporting Investigation reports like Histopathology Reports /Xray/MRI etc.	
C.	Complete First and Post Consultation Papers	
D.	Copy of Photo ID proof of Insured person (Employee/Member Photo ID proof)	
E.	Original Cancelled Cheque in CTS 2010 format (Printed account number, IFSC code, Printed name) Mandatory. In case the name is not printed on cheque leaf, scanned copy of 1st page of passbook or the authorized bank statement.	
F.	For claimed amount above 1 lac self attested copy of PAN Card /Form 60 of Insured is mandatory & for below 1 lac claimed amount copy of Photo identity proof (PAN Card/Form 60, Aadhaar Card, Voter ID etc.) is mandatory	

Please note the above list is only indicative. Insured/ Claimant may have to submit additional documents/information if required.

* Mandatory details to be filled



reliancegeneral.co.in



022 4890 3009 (Paid)



74004 22200 (WhatsApp)