IndusInd GENERAL INSURANCE
FORMERLY RELIANCE GENERAL INSURANCE

DOCUMENT CHECK LIST FOR AUTHORISATION / CLAIM SUBMISSION

Sr. No.	Pre-Authorization Request Document Type (At The Time Of Admission)	✓ / ×
A.	Duly filled Cashless authorization form along with sign/thumb impression of insured, treating doctor & hospital seal	
B.	Insured's Photo ID Proof	
C.	Current year policy copy/Health Card of the insured	
D.	Age Proof	
E.	First prescription of the doctor with commencement date of the symptom of disease	
F.	**In Case of Accident** -Copy of Medico Level Certificate from hospital or FIR of local police station or Detailed Police Information note & Drug Influence Certificate (if applicable)	
G.	Copy of investigation reports supporting diagnosis (If any)	
H.	**Discharge Summary:** At the Time of Discharge along with final bill irrespective of approval amount	

Sr. No.	Hospitalization/ Day Care Treatment Document Type (At The Time Of Admission)	✓ / ×
A.	For Network Reimbursement- Cashless authorization request form along with authorization letter (must be signed/thumb impression by the patienU claimant prior to discharge from the hospital) & hospital covering letter For Member Reimbursement - Duly filled & signed Claim form	
B.	Treatment papers along with doctor's prescription	
C.	**Original Hospital Bills** (For Attending Doctors/ Consultants/ Specialists/ Anesthetists- Bill Receipt & certificate regarding diagnosis/ Surgeon's Bill/ Receipt & Certificate - Stating nature of operation performed.)	
D.	**Surgeon's Bill/ Receipt & Certificate** - Stating nature of operation performed	
E.	**Discharge Card** - Original or Attested with Date & Time of admission as well as discharge mentioned in it	
F.	**In Case of Death** - Detailed death summary from hospital	
G.	**Original Stickers & Invoices** for the stents, implants, catheters, lens, etc	
H.	**Pharmacy Bills** (in case medicines purchased from outside, bills in original supported by the prescription of attending Medical Practitioner/ Surgeon with Hospital seal)	
I.	**Laboratory Bills with Original Investigation reports** (X-Ray/ Scan/ ECG/ Laboratory etc)	
J.	**In Case of Accident-** Copy of Medico Level Certificate from hospital or FIR of local police station or Detailed Police Information note & Drug Influence Certificate (if applicable)	
K.	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	
L.	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	
M.	Health Card Copy	
N.	Any hospitalization from the notified Hospital will not be entertained. please refer the notified hospital list on our website: **www.indusindinsurance.com**	

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Sr. No.	Critical Illness Claims Document Type (At The Time Of Admission)	✓ / ✗
	Additional to above stated Hospitalization/ Day Care Treatment Document Type also send: Original Specialist Doctor's certificate confirming the diagnosis and when the symptoms first occurred	

Sr. No.	Domiciliary Hospitalization Document Type (At The Time Of Admission)	✓ / ✗
	Additional to above stated Hospitalization/ Day Care Treatment Document Type also send: Certificate from attending Doctor I Physician stating: 1. Condition of the patient is such that he/she cannot be moved/shifted to the Hospital/Nursing Home. 2. Documentary proof of lack of accommodation in hospital/nursing home	

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 IndusInd 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

IRDAI Registration No. 103 IndusInd General Insurance Company Limited (Formerly known as Reliance General Insurance). An ISO 9001:2015 Certified Company For complete details on the benefits, coverage, terms & conditions and exclusions, do read the sales brochure, prospectus and policy wordings carefully before concluding sale. Registered & Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai-400063. Corporate Identity Number: U66603MH2000PLC128300. Document Check List for Authorisation / Claim Submission. UIN No.:XXXXXXXXXXXXXXX. IGI/MCOM/CO/MI-14/DCLFA/CS/VER.1.0/160326.

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GENERAL DECLARATION:

I understand that as per the new AML/CFT Guidelines issued IndusInd 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 IndusInd 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: IndusInd 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.**

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