RELIANCE GENERAL INSURANCE

Tech+ ♥ = Live Smart

Claim No.: _____

RELIANCE HEALTHWISE POLICY, RELIANCE HEALTHGAIN POLICY AND GROUP MEDICLAIM - CLAIM FORM

(The issuance of this form is not be taken as an admission liability - Please give the following information correctly and completely)

PART A (TO BE FILLED BY INSURED)			
1) Type of Claim:	☐ Hospitalization ☐ Pre & Post Hospitalization ☐ Health Check up ☐ OPD		
2) *Policy No.:		Policy Type:	☐ Individual ☐ Group
Group/Company Name (for Group Health Policies)			
Is this a renewal policy	☐ Yes ☐ No	If Yes, previous year's policy no	
Agent/Sub Agent Name			
Agent Mobile No.		Agent Email ID	
3) Details of the Insured Person in respect of whom the claim is made			
*Name			
Present completed age (in years)		Gender:	☐ Male ☐ Female
Relationship with the Policy Holder		*Card / UHID No.	
Sum Insured ₹			
*Current Residential Address			
City		*PIN Code	
State			
Change of the contact Details	☐ Yes, I wish to change my contact details ☐ There is no change in my contact details		
Please update mentioned mobile number as primary contact details against my policy. I also hereby confirm to be contacted on the number provided below for Claim Status /Policy Renewal.			
*Mobile Number			
4) Profession/Occupation	☐ Business ☐ Profession ☐ Salary ☐ Agricultural Income ☐ Savings ☐ Others		
5) Monthly Income	☐ Upto ₹ 20,000 ☐ ₹ 20,001 to ₹ 50,000 ☐ ₹ 50,001 to ₹ 1,00,000 ☐ ₹ 1,00,001 and above		
6) PAN No.			
7) Name of the Policy Holder (Self / Main Member)			
*Email ID			
*Member ID No. / Employee ID / Client ID			
8) Does the claimant have health insurance policy with any other insurance company?			☐ Yes ☐ No (If yes, please provide the details)
Name of the Insurance Company			
Policy No.		Sum Insured ₹	
Policy Start Date	D D / M M / Y Y Y Y	Policy End Date	D D / M M / Y Y Y Y
Name of the Insured			

Reliance HealthGain Policy. UIN: RELHLIP13001V011213. Reliance HealthWise Policy. UNI: RELHLIP06001V010506. Group Mediclaim. UIN: RELHLGP02001V010102. RGI/MCOM/CO/COMMON-HEALTH CLAIM FORM/VER.1.0/070324.

9) Hospitalization Detail			
Date of Admission	D D / M M / Y Y Y Y	Date of Discharge	D D / M M / Y Y Y Y
Diagnosis / Nature of disease / illness contracted / injury suffered			
10) Date of injury sustained or disease / illness first detected			
11) Details of the Hospital / Nursing Home in which treatment was taken:			
Name of the Hospital / Nursing Home			
Address of the Hospital / Nursing Home			
City		PIN Code	
State		Telephone / Mobile Number	
Registration Number			
12) Name of Treating Physician/ Surgeon			
Qualification		Registration Number	
Telephone / Mobile Number		PIN Code	

13) Details of the amount claimed

	Bill Heads	Amount /(In ₹)	Bill Number	Bill Date	Bills attached
A	Room Rent & Nursing Charges			D D / M M / Y Y Y Y	☐ Yes ☐ No
B	Doctors Consultation/Visit Charges			D D / M M / Y Y Y Y	☐ Yes ☐ No
C	Investigation Charges(Includes Radiology and Pathology Reports)			D D / M M / Y Y Y Y	☐ Yes ☐ No
D	Surgeon and Asst. Surgeon Charges			D D / M M / Y Y Y Y	☐ Yes ☐ No
E	Anesthetist Charges			D D / M M / Y Y Y Y	☐ Yes ☐ No
F	Operation Theater Charges			D D / M M / Y Y Y Y	☐ Yes ☐ No
G	Medicine Charges (Includes Ward and OT Medicines and Consumables)			D D / M M / Y Y Y Y	☐ Yes ☐ No
H	Taxes/Surcharges/Service Charge			D D / M M / Y Y Y Y	☐ Yes ☐ No
I	Miscellaneous/Other Charges (like Admission, Registration, etc.)			D D / M M / Y Y Y Y	☐ Yes ☐ No
J	Pre Hospitalization Bills (If Any)			D D / M M / Y Y Y Y	☐ Yes ☐ No
K	Post Hospitalization Bills (If Any)			D D / M M / Y Y Y Y	☐ Yes ☐ No
Total Claimed Amount (Sum of A to K)				D D / M M / Y Y Y Y	☐ Yes ☐ No

In support of the above claim, I enclose following documents in original (Please indicate by ticking the o Yes o No)

Claim form Duly Filled	☐ Yes ☐ No	Investigation Reports/Reports Name	☐ Yes ☐ No
Authorization Form	☐ Yes ☐ No	Medicine/Pharmacy Bills with Doctors Prescription	☐ Yes ☐ No
Discharge Summary	☐ Yes ☐ No	Implant Name and Invoice (If any)	☐ Yes ☐ No
Hospital Bills	☐ Yes ☐ No	Indoor Case Papers (duplicate copy)	☐ Yes ☐ No
Hospital Payment Receipt	☐ Yes ☐ No	Others	☐ Yes ☐ No
Photo Identity Proof	☐ Yes ☐ No		
Total No. of Pages enclosed			

As per the policy terms and conditions, the Company reserves its right to have the Insured examined by a doctor appointed by it for verification of diagnosis.

Please note: In case the Health Gain Policy under which the claims is being lodged has been taken on instalment basis then in the event

of claim being admissible, the company will deduct the balance instalments due if any, from the claim approved amount and pay the balance due to the Policyholder. In the event of the claim assessed amount being lower than the Balance instalment due then the Policyholder is liable to pay the balance premium instalments due immediately by cheque or DD, failing which the said Claim would be treated as inadmissible and the Policy shall stand cancelled immediately and no liability shall be admissible under the Policy for any Claims liability in future or in period elapsed.
Any hospitalization from the notified Hospital will not be entertained. please refer the notified hospital list on our website: **www.reliancegeneral.co.in**

POLICYHOLDER BANK DETAILS			
14. Name of the Bank Account Holder	☐ Mr. ☐ Mrs. ☐ Ms. F I R S T M I D D L E L A S T		
15. Bank Account No.:		16. Account:	☐ Saving ☐ Current
17. Name of the Bank			
18. Branch			
19. MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)			
20. IFSC Code (11 character code appearing on your cheque leaf)			

☐ 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.

PAYMENT OPTION BY AADHAAR CARD (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 forefeited.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: _____ _____

Place: _____ (Signature of Claimant)

PART B - TO BE FILLED BY THE TREATING DOCTOR (This section is mandatory only if your health policy was not provided by your employer)	
A) Date of First Consultation (Prior to Hospitalization)	
B) With what complaints was the patient admitted for	
C) Detail history of past illness with duration	
D) Whether the present ailment is a compilations of Pre-Existing disease?	
E) If, yes please specify the disease (OR) complication of any previous surgery done?	
F) Whether the disease / disorder is congenital in nature?	
G) If yes please specify the details	
H) Nature of surgery / treatment given for present ailment	
I) Number of in-patient beds in the hospital (including ICU)	

Date: _____ _____

Place: _____ (Doctor's Seal and Signature)

TERMS AND CONDITIONS FOR PAYMENTS THROUGH RTGS/NEFT

1. The details provided by the Customers in the Mandate form shall be considered as final and Reliance General Insurance Company Ltd. Shall not be responsible for cross verification of any of the details provided therein.
2. The RTGS/NEFT facility shall be effective for the respective customer(s) within 15 days of the receipt of the Mandate form by Reliance General Insurance Company Ltd. and/or within such period as may be reasonably required by Reliance General Insurance Company Ltd. to activate the RTGS/NEFT facility.
3. The Customer agrees that under the RTGS/NEFT facility, there may be a risk of non-payment in the account of customer on the day of the credit of payments due to change in the applicable regulations pertaining to RTGS/NEFT facility or due to any other reasons without any fault/inaction/failure on part of Reliance General Insurance Company Ltd or any factor beyond the control of Reliance General Insurance Company Ltd.
4. The customer agrees to indemnify, without delay or demur, Reliance General Insurance Company Ltd and its agents and keep Reliance General Insurance Company Ltd and its agent indemnified harmless at all times from and against any and all claims, damages, losses, costs, and expenses (including attorney's fees) which Reliance General Insurance Company Ltd may suffer or incur, directly or indirectly, arising from or in connection with, amongst other things, either of the aforesaid reasons stated in above clauses.
5. The Customer May discontinue or terminate the use of RTGS/NEFT facility by giving a minimum of 15 days prior written notice to Reliance General Insurance Company Ltd. The date of notice will be considered from the date of receipt of such notice by Reliance General Insurance Company Ltd. The notice of, such termination should be given to Reliance General Insurance Company Ltd. only at its corporate address and be addressed at Reliance General Insurance Company Limited, Reliance Centre, South Wing, 4th Floor, Off. Western Express Highway, Santacruz (East), Mumbai - 400 055.
6. A Confirmation of the receipt of termination notice given by the customer will be acknowledge through a confirmation Letter by Reliance General Insurance Company Ltd. In no case can be the customer construe his termination notice as effective unless a confirmation has been provided by Reliance General Insurance to the customer stating the date of Receipt of such communication by the customer.
7. The Customer agrees that transaction(s) through RTGS/NEFT may attract inward RTGS/NEFT charges, which if levied by the customer's bank, shall be borne by the customer.
8. Reliance General Insurance has the absolute discretion to amend or supplement any Terms and Condition stated herein at any time and will endeavor to give prior notice of Ten days for such changes wherever feasible for the terms and conditions to be applicable. By using the new services, or at the completion of such period, whichever is earlier, the Customer shall be deemed to have accepted the changed terms and conditions.
9. NEFT facility for group policy holder shall be done at the consent of HR.
10. Notices under these terms and conditions may be given in writing by delivering them by hand or e-mail or on Reliance General Insurance Company Ltd. website www.reliancegeneral.co.in or by sending them by post to the last address of the Customer.
11. These terms and conditions will be governed by the laws of India and any legal action or proceedings arising out of these Terms and Conditions shall be initiated in the courts or tribunals at Mumbai in India.
12. I/We further undertake to refund any excess amount whether demanded by Reliance General Insurance Company Limited or not, which has been credited in excess to my account at any time due to any reason within 7 days of such receipt of such communication from Reliance General Insurance of such excess credit or such information of excess credit coming to the knowledge of the customer through any other source.
13. I/We agree that my/our claim payment will be credited from the date Reliance General Insurance Company Ltd. gets confirmation from its bankers, this facility will continue unless it is revoked by any party and any issuance of relevant credit instruction from Reliance General Insurance Company Ltd. to its bankers will be valid till such instructions is complete irrespective of the fact that the notice period has expired provided such a credit request has been made by Reliance General Insurance Company Ltd. before the expiry if the notice period of the customer.
14. As per IRDAI any claimed amount above 1 lac, Copy of PAN Card/Form 60 of the insured for corporate reimbursement claim/Proposer for retail reimbursement claim is mandatory, and below 1lac Photo identity proof (for eg- Aadhar card, Driving license, Election card, Passport etc) is mandatory.
15. For NEFT settlements to insured/Proposer we require CTS 2010 cheque, CTS 2010 compliant cancelled cheque should have Name of the Account holder, Account number and IFSC code of the bank to be printed on cheque is mandatory.
16. Inca Non CTS 2010 compliant cheque photocopy of the passbook/bank statement with all the required details (Name of the Account holder, Account number and IFSC code of the bank should be printed on passbook/bank statement) should be submitted.

Date: _____

Place: _____

_____

(Signature of the account holder)

* Mandatory details to be filled

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.

RCare Address:

Rcare Health: 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.