



Corona Rakshak Policy, Reliance General Claim Form

TO BE FILLED IN BY THE INSURED

The issue of this Form is not to be taken as an admission of liability

DETAILS OF INSURED

Form fields for insured details: a) Policy Name and No., b) Certificate No/SI. No., c) Insured Name, d) Present completed age (in years), Gender (Male/Female), Date of birth, e) Address, City, State, Pin Code, Phone No, Email ID.

DETAILS OF HOSPITALISATION

Form fields for hospitalisation details: a) Name of Hospital where admitted, b) Date of Admission, c) Time, d) Date of discharge, e) Time.

DOCUMENT SUBMISSION CHECKLIST

Table with 2 columns: S.No and Documents. Lists 9 items to be submitted for claim processing, including signed forms, passport copies, medical prescriptions, and discharge summaries.

- Note: 1. The company shall only accept bills/invoices/medical treatment related documents only in the Insured Person's name for whom the claim is submitted. 2. In the event of a claim lodged under the Policy and the original documents having been submitted to any other insurer, the Company shall accept the copy of the documents and claim settlement advice, duly certified by the other insurer subject to satisfaction of the Company. 3. Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the Insured Person.

An ISO 9001:2015 Certified Company

Please courier documents to the below 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: rgicl.rcarehealth@relianceada.com.

Reliance General Insurance Company Limited. IRDAI Registration No. 103. Registered & Corporate Office: Reliance Centre, South Wing, 4th Floor, Santacruz (East), Off. Western Express Highway, Mumbai 400055. Corporate Identity No.U66603MH2000PLC128300. UIN:RELHLIP21093V012021. Trade Logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited and used by Reliance General Insurance Company Limited under License. RGI/MCOM/CO/CORONA-RAKSHAK- CLAIM/Ver. 1.0/210720.

DETAILS OF CLAIMANT BANK ACCOUNT

1. Name of the Bank Account Holder Mr Mrs Ms. _____
2. PAN No. _____
3. Bank Account No.: _____ 5. Account: Saving Current Other
4. Bank Name and Branch: _____
6. Cheque/DD payable details: _____
7. MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank) _____
8. 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 regards.

SECTION H - DECLARATION BY THE INSURED

I hereby declare that the information furnished in this claim form is true and correct to the best of my knowledge and belief. If I made any false or untrue statement, suppression or concealment of any material fact with respects to questions asked in relation to the claimed, my right to claim reimbursement shall be forfeited. I also consent & authorize Insurance Company, to seek necessary medical information /documents from any hospital/Medical Practitioner who has attended on the person against whom this claim is made. I hereby declare that I have included all the bills /receipts for the purpose of this claim & that I will not be making any supplementary claim except the pre/post hospitalization claim, if any.

Date | d | d | m | m | y | y | y | y |

Place _____

Signature of the Insured _____

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