

Document Check List for Personal Accident Claim Submission

Sr .No.	Accidental Death Claim Document Type	Yes/No	Sr.No.	Accidental Injury Claim Document Type	Yes/No
A	Duly filled and signed Claim form		I	PTD (Permanent Total Disability) & PPD (Permanent Partial Disability)	
B	Original/Attested copy of Death Certificate		A	Duly filled and signed Claim form	
C	Attested copy of Post Mortem Examination report		B	Complete treatment record like Discharge summary, Consultation papers with supporting Investigation reports like X-ray/MRI etc.	
D	In Case of Accident- Copy of Medico Level Certificate from hospital		C	In Case of Accident- Copy of Medico Level Certificate from hospital	
E	Copy of Photo ID proof of Insured person(Employee/Member ID card)		D	Attested copy of FIR of local police station or Detailed Police Information note or Inquest Panchnama / Spot Panchnama (if applicable)	
F	Attested copy of FIR of local police station or Detailed Police Information note or Inquest Panchnama / Spot Panchnama (if applicable)		E	Coloured and clear photograph of Disabled person showing the disability	
G	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	Income proof like Pay slips/Salary slips prior to the Date of loss.	
H	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		G	Copy of Employee/Member Photo ID proof	
			H	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.	
			I	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	
II	TTD (Temporary Total Disability)				Yes/No
A	Duly filled and signed Claim form				
B	Medical Certificate confirming the Disability period and the probable date to resume duty/service				
C	Complete treatment record like Discharge summary, Consultation papers with supporting Investigation reports like X-ray/MRI etc.				
D	In Case of Accident- Copy of Medico Level Certificate from hospital				
E	Attested copy of FIR of local police station or Detailed Police Information note or Inquest Panchnama / Spot Panchnama (if applicable)				
F	Leave Certificate from the Employer mentioning the leave dates				
G	Income proof like Pay slips/Salary slips prior to the Date of loss.				
H	Copy of Employee/Member Photo ID proof				
I	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.				
J	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.

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.

IRDAI Registration No. 103. Reliance General Insurance Company Limited. Registered & Corporate Office: Reliance Centre, South Wing, 4th Floor, Santacruz (East), Off Western Express Highway, Mumbai 400055. Corporate Identity Number U66603MH2000PLC128300..UIN: RELPAGP01001V010001 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/MI-05/CF/Ver. 1.5/290520