

Claim No.: \_\_\_\_\_

**RELIANCE AUTO LOAN CARE INSURANCE POLICY - CLAIM FORM**

*Policy No.			
Period From	DD / MM / YYYY	Period To	DD / MM / YYYY
Customer ID		Date of Registration	DD / MM / YYYY
Area Office Code/ Service Centre Code			
Broker/Agent Name		Code	
<b>DETAILS OF INSURED</b> (To be filled in BLOCK LETTERS)			
1. Insured's Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.    F I R S T    M I D D L E    L A S T		
2. Address			
Flat/Building/Door/Block No.		Road/Street/Sector	
Nearest Landmark		Area	
City		State	
Pin Code		Phone No.	
Mobile		PAN No.	
E-mail Id			
Aadhaar (UIDAI) No.			
3. Date of Birth	DD / MM / YYYY	4. Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
5. 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		
6. 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		
7. Loan A/C No.			
8. Do you have any other Insurance			
If so state name & address of company or companies & amount insured			
_____ _____			
9. Claim pertains to	<input type="checkbox"/> Personal Accident <input type="checkbox"/> Critical Illness <input type="checkbox"/> Loss of employment <input type="checkbox"/> Child Care allowance		

**DETAILS OF THE INSURED/CLAIMANT**

1. NEFT details of the Insured/ Claimant:			
2. Name of the Claimant:		3. Mobile:	
4. Customer Name (As per Bank records):	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.    F I R S T    M I D D L E    L A S T		
5. Bank Account No.:		6. Account:	<input type="checkbox"/> Saving <input type="checkbox"/> Current
7. Name of the Bank:			
8. Address of Bank:			
Branch		9. PAN No.	


[reliancegeneral.co.in](https://reliancegeneral.co.in)


022 4890 3009 (Paid)



74004 22200 (WhatsApp)

IRDAI Registration No. 103. Reliance General Insurance Company Limited.

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. Trade Logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited and used by Reliance General Insurance Company Limited under License.

**Reliance Auto Loan Care Insurance Policy. UIN No.: RELPAIP07003V010607. RGI/MCOM/CO/HL-19/CF/VER.1.0/010825.**

10. MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank):	
11. IFSC Code (11 character code appearing on your cheque leaf):	
I Wish: <input type="checkbox"/> 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.	

SECTION (A) PERSONAL ACCIDENT			
1. Date of loss/injury	DD / MM / YYYY	Time of Accident	HH / MM AM / PM
2. Place of loss/injury			
3. Particulars of loss/injury			
4. Reason for injury			
5. Nature of injury received (if to eye or limbs, please state left or right?)			
6. Nature of disablement			
7. Present state of disability			
8. Names & Addresses of treating physicians & hospitals			
City		Pin Code	
State		Country	
Phone			

SECTION (B) CRITICAL ILLNESS			
1. Nature of disease/illness contracted, injury sustained or surgery performed?			
2. 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			
3. Date on which you first visited a doctor with complaints related to this illness/injury	DD / MM / YYYY		
Dr. Name			
Hospital Name			
Hospitalization Details			
Date of admission	DD / MM / YYYY	Date of discharge	DD / MM / YYYY
4. Have you ever been hospitalized before?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Date of admission	DD / MM / YYYY	Date of discharge	DD / MM / YYYY
5. 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			

**SECTION (C) LOSS OF EMPLOYMENT**

1. Name of the employer			
2. Address			
HR Contact details			
3. Designation		4. Department	
5. Date of joining the organization	DD / MM / YYYY	6. Date of Separation	DD / MM / YYYY
7. Reason for separation			

**SECTION (D) CHILD ALLOWANCE****Details of Child 1**

1. Name			
2. Date of Birth	DD / MM / YYYY	Birth Mark	
Designation		Department	
Date of joining the organization	DD / MM / YYYY	Date of Separation	DD / MM / YYYY
3. Reason for separation			

**AADHAAR BASED PAYMENT (FOR REIMBURSEMENT CLAIMS)**

Aadhaar Card No.:	(Note: <b>Self attested</b> Aadhaar card copy to be submitted)
<input type="checkbox"/> 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.	
Place: _____	_____
Date: _____	Signature of Insured Person/Claimant

\* Mandatory details to be filled

**PEP DECLARATION:**

Are you a Politically Exposed Person (PEP)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please mention the position held	
Is any of your close relation or family member a PEP?	<input type="checkbox"/> Yes <input type="checkbox"/> 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](mailto:healthcare@indusindinsurance.com).