GENERAL INSURANCE

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Reliance AutoLoan Care Insurance Policy Claim Form

Claim No. For the office use only

Policy No. | Period From | Period To

Customer ID | Date of Registration d d m m y y y y

Area Office/Service Centre Code

Broker/Agent Name | Code

Details of Insured (To be filled in BLOCK LETTERS)

1. Insured's Name ☐ Mr. ☐ Mrs.
2. Address
   Flat/Building/Door/Block No.
   Road/Street/Sector
   Nearest Landmark
   Area
   City | Pin Code
   State | Country
   Phone | Mobile
   Email | PAN No.
   Aadhaar (UIDAI) No.
3. Date of Birth d d m m y y y y | 4. Gender ☐ Male ☐ Female
5. Monthly Income ☐ Upto ₹ 20,000 ☐ ₹ 20,001 to ₹ 50,000 ☐ ₹ 50,001 to ₹ 1,00,000 ☐ ₹ 1,00,001 and above
6. Profession/Occupation ☐ Business ☐ Profession ☐ Salary ☐ Agricultural Income ☐ Savings ☐ 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 ☐ Personal Accident ☐ Critical Illness ☐ Loss of employment ☐ 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)
5. Bank Account No.: | 6. Account: ☐ Saving ☐ Current
7. Name of the Bank
8. Address of Bank
   Branch | 9. PAN No.
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: ☐ 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

An ISO 9001:2015 Certified Company

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 No.:RELPAIP07003V010607. 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/HL-19/CF/Ver. 1.1/170820.

Section (A) Personal Accident

1. Date of loss/injury d d m m y y y y Time of Accident h h m m 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? ☐ Yes ☐ 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 d d m m y y y y
   Dr. Name
   Hospital Name
   Hospitalization Details
   Date of admission d d m m y y y y Date of discharge d d m m y y y y
4. Have you ever been hospitalized before? ☐ Yes ☐ No
   Date of admission d d m m y y y y Date of discharge d d m m y y y y
5. Have any of your blood relatives suffered from similar or related illness? ☐ Yes ☐ 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 d d m m y y y y
6. Date of Separation d d m m y y y y
7. Reason for separation

Section (D) Child Allowance

Details of Child 1

1. Name
2. Date of Birth d d m m y y y y Birth Mark
   Designation Department
   Date of joining the organization d d m m y y y y Date of Separation d d m m y y y y
3. Reason for separation

Aadhaar based payment (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.

Place: ____________________________

Date: d d m m y y y y

(Signature of Insured Person/Claimant)

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