

**Reliance Critical Illness Policy
Claim Form**

Claim No.

Issuance of this form does not amount to admission of any liability under the policy on the part of the Company.
Please give the following information correctly and completely to enable us process your claim promptly.

To be filled in BLOCK LETTERS. Please answer all questions completely.

1. *Name of the Insured
(In whose name the policy is issued)

2. *Address of the Insured
Plot No./Flat No. Building Name
Road/Street/Sector
Area
Taluka/Village/District/City * Pin Code
State Country
*Telephone *Mobile
Aadhaar (UIDAI) No./VID No. PAN No.
*E-mail
Profession/Occupation Business Profession Salary Agricultural Income Savings Others
Monthly Income Upto ₹ 20,000 ₹ 20,001 to ₹ 50,000 ₹ 50,001 to ₹ 1,00,000 ₹ 1,00,001 and above

3. *Name of the Insured Person
(in respect of whom the claim is made)
Relationship with the Insured
Present completed age Occupation

4. *Policy No. (in full) Sum Insured
Period of Insurance to
Agent/Sub Agent Name
Agent Mobile No. Agent Email ID

5. Nature of disease/illness contracted, injury sustained or surgery performed?

6. Is the disease/illness contracted or surgery performed due to any accident? Yes No
if YES, please provide the details of accident

7. Date on which you first visited a doctor with complaints related to this illness/injury.

8. Name and Address of the attending Medical Practitioner
Dr.
Plot No./Flat No. Building Name
Road/ Street/Sector
Area
Taluka/Village/District/City Pin Code
State Country
Telephone Mobile
E-mail Fax
Qualification
Registration no.

9. Please give details of the treatment you have received including dates of out patient or inpatient treatment

An ISO 9001:2015 Certified Company

