RELIANCE GENERAL INSURANCE

Tech+ ♥ = Live Smart

Claim No.: _____

RELIANCE FINANCIAL PROTECTION PERSONAL ACCIDENT POLICY - CLAIM FORM

Issuance of this form does not imply acceptance of the liability

Please submit the completely filled claim form within thirty days from the date of loss along with the relevant claim documents

*Policy No.			
Period From	D D / M M / Y Y Y Y	Period To	D D / M M / Y Y Y Y
Date of Registration	D D / M M / Y Y Y Y	Area Office Code/ Service Centre Code	
Broker/Agent Name		Code	
1. *Name of the Insured	☐ Mr. ☐ Mrs. ☐ Ms. F I R S T M I D D L E L A S T		
2. *Customer ID			
3. *Address of the Insured			
Plot No./Flat No.		Building name	
Road		Area	
City		State	
*Pin Code		*Phone No.	
Aadhaar (UIDAI) No.		PAN No.	
E-mail Id			
4. 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		
5. Loan A/C No.			
6. Claim Pertains to:	☐ Accidental death ☐ PTD ☐ PPD ☐ TTD ☐ Broken Bones ☐ Modification of Residence/vehicle ☐ Education Grant ☐ Burns		

DETAILS OF ACCIDENT

7. a) Name of the Insured Person dead/injured in the accident

_____

b) Relationship with the employee/member

_____

c) *Employee/member identification no.		Self/Spouse/Children	
8. a) Date of accident:	D D / M M / Y Y Y Y	b) Time of accident:	D D / M M / Y Y Y Y
c) Place of accident:			

d) Name & address of the witness:

_____

_____

9. Particulars of the accident:

_____

_____

_____

Reliance Financial Protection Personal Accident Policy. UIN No.: RELPAGP18103V011718. RGI/MCOM/CO/MI-05/CF/VER.1.0/010825.

10. Nature of injury received (if to limb or eye state whether right or left)

_____

_____

11. a) Nature of disablement

_____

b) Extent of disablement

_____

c) Period of temporary total disablement | From D D / M M / Y Y Y Y To D D / M M / Y Y Y Y

d) Present state of incapacity

_____

12. Name and address of surgeon in attendance

_____

_____

13. Where and when can a Medical Officer of this Company visit you, if necessary?

_____

14. Modification of Residence / Vehicle details

15. Education Grant: Name of Child 1 _____ & Age: _____

Name of Child 2 _____ & Age: _____

16. a) Are you insured in any other office or offices of the Company or any other company, granting compensation for accident? ☐ Yes ☐ No

b) If so state name and address of company or companies and amount of insurance

_____

_____

POLICYHOLDER BANK DETAILS

17. Name of the Bank Account Holder | ☐ Mr. ☐ Mrs. ☐ Ms. F I R S T M I D D L E L A S T

18. Bank Account No.: _____ 19. Account: ☐ Saving ☐ Current

20. Name of the Bank

21. Branch

22. MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)

23. 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 regard.

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.

Witness:

Name: _____ _____

Signature

Name: _____

Address: _____

_____ _____

Date: _____ Signature of Insured Person/Claimant

* Mandatory details to be filled

MEDICAL CERTIFICATE (TO BE FILLED BY TREATING DOCTOR)	
(Claim must be supported by medical evidence furnished by the Insured at his/her expense)	
1. a) Name of Claimant	
b) Age	
2. a) Nature and cause of accident	
b) If to eye or limb, state left or right	
c) Whether the appearance of the injuries are consistent with the account given of the accident	
3. Date on which you first attended claimant for this injury	
4. Has claimant been totally prevented from attending to any portion of his business? If so, for how long?	
5. Is claimant suffering from any disease or illness apart from his injury and is there any illness by circumstances which may tend to retard recovery? If so, give particulars	
6. Present condition	
7. How long from the happening of the accident do you consider	
a) Total disablement will last	
b) Partial disablement will last	

Having personally examined the above named Claimant, I certify that the above statements are correct and that the injured person/ Claimant is necessarily disabled by the accident referred to.

Name: _____

Qualification: _____

Address: _____

_____ _____

Date: _____ Signature

PEP DECLARATION:	
Are you a Politically Exposed Person (PEP)?	☐ Yes ☐ No
If yes, please mention the position held	
Is any of your close relation or family member a PEP?	☐ Yes ☐ 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.**