

Reliance Critical Illness Policy Claim Form

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.

- Name of the Insured
(In whose name the policy is issued)
- 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. 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
- 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 dd/mm/yyyy to dd/mm/yyyy
- Nature of disease/illness contracted, injury sustained or surgery performed?
- Is the disease/illness contracted or surgery performed due to any accident? ☐ Yes ☐ No
if YES, please provide the details of accident
- Date on which you first visited a doctor with complaints related to this illness/injury. dd/mm/yyyy
- 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.
- Please give details of the treatment you have received including dates of out patient or inpatient treatment

10. Have any of your blood relatives suffered from similar or related illness? ☐ Yes ☐ No
If YES, give details of when it was initially diagnosed _____

11. Have you been hospitalized? ☐ Yes ☐ No
If Yes, Name & Address of Hospital/Nursing Home _____

Plot No./Flat No. _____ Building Name _____
Road/Street/Sector _____
Area _____
Taluka/Village/District/City _____ Pin Code _____
State _____ Country _____
Telephone _____ Mobile _____
E-mail _____ Fax _____

12. Date of admission Date of discharge

13. Is this the first claim under this Policy? ☐ Yes ☐ No
If NO, please quote previous claim number and details _____

14. Total amount claimed (₹)

In support of the above claim, I enclose the following original documents (Please indicate)

- ▶ Duly completed Claim Form
- ▶ Certificate from treating Medical Specialist confirming the diagnosis of the named illness or performance of surgery.
- ▶ Details of first symptoms and date of occurrence of the disease/illness/injury/surgery along with complete medical history of the Insured/Insured Person.
- ▶ Confirmation that the Insured Event does not relate to
 - i) any pre-existing illness
 - ii) any disease/illness/injury which existed within the first 3 months of commencement of period of Insurance.
- ▶ In case of Hospitalisation, please provide hospital discharge card/clinical notes etc.
- ▶ FIR copy or medico legal certificate (for Illness resulting from Accident).
- ▶ Any other relevant documents.

Policyholder Bank Details

Name of the Bank Account Holder ☐ Mr. ☐ Mrs. ☐ Ms.
Bank Account No.: _____ Account: ☐ Saving ☐ Current
Name of the Bank _____
Branch _____
MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank) _____
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 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 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)