RELIANCE GENERAL INSURANCE
A RELIANCE CAPITAL COMPANY

reliancegeneral.co.in
1800 3009

Personal Accident
Claim Form

Claim No.

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
2. *Customer ID
3. *Address of the Insured
   Plot No./Flat No. Building name
   Road
   Area
   City *Pin Code
   State
   *Phone No.
   Aadhaar (UIDAI) No./ VID No.
   PAN No. *E-mail ID
   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
4. Profession or Occupation
   Policy details
   Sum Insured Table of Cover

Details of Accident

5. 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

6. a) Date of accident: d d m m y y y y b) Time of accident: h h m m AM/PM

   c) Place of accident:

   d) Name & address of the witness:

7. Particulars of the accident:

RCare Health: Reliance General Insurance, No.1-89/3/B/40 to 42/ks/301, 3rd floor, Krishe Block, Krishe Sapphire, Madhapur, Hyderabad 500081.
IRDAI Registration No. 103. Reliance General Insurance Company Limited. Registered Office: H Block, 1st Floor, Dhirubhai Ambani Knowledge City, Navi Mumbai - 400710. **Corporate Office:** Reliance Centre, South Wing, 4th Floor, Off. Western Express Highway, Santacruz (East), Mumbai - 400 055. 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. RGI/MCOM/CO/MI-05/CF/Ver. 1.5/030718.

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

9. 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

10. Name and address of surgeon in attendance

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

12. 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

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

14. Bank Account No.: 15. Account: ☐ Saving ☐ Current

16. Name of the Bank

17. Branch

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

19. 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 _____

Signature of Insured Person/Claimant

Name: _____

Address: _____

_____

Date: _____

* 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.

Signature: _____

Name: _____

Qualification _____

Address _____

_____

Document Check List for Personal Accident Claim Submission

Sr .No.	Accidental Death Claim Document Type	Yes/No
A	Duly filled and signed Claim form	
B	Original/Attested copy of Death Certificate	
C	Attested copy of Post Mortem Examination report	
D	In Case of Accident- Copy of Medico Level Certificate from hospital	
E	Copy of Photo ID proof of Insured person(Employee/Member ID card)	
F	Attested copy of FIR of local police station or Detailed Police Information note or Inquest Panchnama / Spot Panchnama (if applicable)	
G	Original Cancelled Cheque in CTS 2010 format (Printed account number, IFSC code, Printed name) Mandatory. In case the name is not printed on cheque leaf, scanned copy of 1st page of passbook or the authorized bank statement.	
H	For claimed amount above 1 lac self attested copy of PAN Card /Form 60 of Insured is mandatory & for below 1 lac claimed amount copy of Photo identity proof (PAN Card/Form 60, Aadhaar Card, Voter ID etc.) is mandatory	

Sr.No.	Accidental Injury Claim Document Type	Yes/No
I	**PTD (Permanent Total Disability) & PPD (Permanent Partial Disability)**	
A	Duly filled and signed Claim form	
B	Complete treatment record like Discharge summary, Consultation papers with supporting Investigation reports like X-ray/MRI etc.	
C	In Case of Accident- Copy of Medico Level Certificate from hospital	
D	Attested copy of FIR of local police station or Detailed Police Information note or Inquest Panchnama / Spot Panchnama (if applicable)	
E	Coloured and clear photograph of Disabled person showing the disability	
F	Income proof like Pay slips/Salary slips prior to the Date of loss.	
G	Copy of Employee/Member Photo ID proof	
H	Original Cancelled Cheque in CTS 2010 format (Printed account number, IFSC code, Printed name) Mandatory. In case the name is not printed on cheque leaf, scanned copy of 1st page of passbook or the authorized bank statement.	
I	For claimed amount above 1 lac self attested copy of PAN Card /Form 60 of Insured is mandatory & for below 1 lac claimed amount copy of Photo identity proof (PAN Card/Form 60, Aadhaar Card, Voter ID etc.) is mandatory	

II	TTD (Temporary Total Disability)	Yes/No
A	Duly filled and signed Claim form	
B	Medical Certificate confirming the Disability period and the probable date to resume duty/service	
C	Complete treatment record like Discharge summary, Consultation papers with supporting Investigation reports like X-ray/MRI etc.	
D	In Case of Accident- Copy of Medico Level Certificate from hospital	
E	Attested copy of FIR of local police station or Detailed Police Information note or Inquest Panchnama / Spot Panchnama (if applicable)	
F	Leave Certificate from the Employer mentioning the leave dates	
G	Income proof like Pay slips/Salary slips prior to the Date of loss.	
H	Copy of Employee/Member Photo ID proof	
I	Original Cancelled Cheque in CTS 2010 format (Printed account number, IFSC code, Printed name) Mandatory. In case the name is not printed on cheque leaf, scanned copy of 1st page of passbook or the authorized bank statement.	
J	For claimed amount above 1 lac self attested copy of PAN Card /Form 60 of Insured is mandatory & for below 1 lac claimed amount copy of Photo identity proof (PAN Card/Form 60, Aadhaar Card, Voter ID etc.) is mandatory	

Please note the above list is only indicative. Insured/ Claimant may have to submit additional documents/information if required.

Please courier documents to the below address:

Rcare Health: Reliance General Insurance, No.1-89/3/B/40 to 42/ks/301, 3rd floor, Krishe Block, Krishe Sapphire, Madhapur, Hyderabad 500081. Email: rgicl.rcarehealth@relianceada.com.

This form shall be applicable to following policies issued by Reliance General Insurance Company Limited - Group Personal Accident and Personal Accident UIN of Group Personal Accident: IRDA/NL-HLT/RGI/P-P/V.I/320/13-14. UIN of Personal Accident: IRDA/NL-HLT/RGI/P-P/V.I/323/13-14