RELIANCE GENERAL INSURANCE

Tech+ ♥ = Live Smart

Claim No.

For the office use only: _____

RELIANCE OVERSEAS TRAVEL CARE POLICY - CLAIM FORM

Certificate/Policy No.: XXXXXXXXXXXXXXXXXX	Period From: Hrs / Min DD/MM/YYYY	Period To: Hrs / Min DD/MM/YYYY

	DETAILS OF INSURED (To be filled in BLOCK LETTERS)			
1.	Name of the Insured	☐ Mr. ☐ Mrs. ☐ Ms. ☐ M/S. F I R S T M I D D L E L A S T		
2.	Address for Communication			
	Flat/Building/Door/Block No.			
	Road/Street/Sector			
	Area			
	Taluka/Village/District/City		Pin Code	
	State		Country	
	Phone		Mobile	
	Overseas Contact No If Any			
	Email		Fax	
3.	Relationship of the Patient/ Insured Person with the Insured	☐ Self ☐ Spouse ☐ Son ☐ Daughter		
4.	Source of Funds	☐ Business ☐ Profession ☐ Salary ☐ Agricultural Income ☐ Savings ☐ Others		
5.	Monthly Income	☐ Upto ₹ 20,000 ☐ ₹ 20,001 to ₹ 50,000 ☐ ₹ 50,001 to ₹ 1,00,000 ☐ ₹ 1,00,001 and above		
6.	Does Insured have any other insurance coverage out of India?	☐ Yes ☐ No	If Yes, please specify	
	Name of the Insurance Company	☐ Yes ☐ No		
	Policy No.		Sum Insured ₹:	
	Policy Start Date	D D / M M / Y Y Y Y	Policy End Date: D D / M M / Y Y Y Y	
	Policy Start Date			
	Name of the Insured			

	DETAILS OF INSURED (To be filled in BLOCK LETTERS)			
7.	Name of the Patient/Insured Person	☐ Mr. ☐ Mrs. ☐ Ms. ☐ M/S. F I R S T M I D D L E L A S T		
8.	Date of Birth	D D / M M / Y Y Y Y	9. Sex: ☐ M ☐ F	
10.	Address for Communication			
	Flat/Building/Door/Block No.			
	Road/Street/Sector			
	Area			
	Taluka/Village/District/City		Pin Code	
	State		Country	
	Phone		Mobile	
	Email		Fax	

IRDAI Registration No. 103. Reliance General Insurance Company Limited. An ISO 9001:2015 Certified Company
For complete details on the benefits, coverage, terms & conditions and exclusions, do read the sales brochure, prospectus and policy wordings carefully before concluding sale. Registered & Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai-400063. 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.

Reliance Travel Care Policy. UIN No.: RELTIOP08002V010708. RGI/MCOM/CO/HL-06/CF/VER.1.5/010825.

	CLAIM DETAILS	
11.	Has the Emergency Assistance Service Provider been intimated?	☐ Yes ☐ No
	If yes, please provide the reference number	
12.	Passport No.	
13.	Please indicate whether claim is respect of	

☐ Medical Expenses	☐ Dental Care Expenses	☐ Repatriation/Evacuation	☐ Compassionate Visit
☐ Personal Accident	☐ Accidental Death-Common Carrier	☐ Loss of checked Baggage	
☐ Delay of checked Baggage	☐ Loss of Passport	☐ Trip Delay	☐ Trip Cancellation/Interruption
☐ Missed Connection	☐ Hijack Distress Allowance	☐ Personal Liability	☐ Emergency Cash Assistance
☐ Home Burglary			
☐ Bounced Booking of Airline and Hotel		☐ Up-gradation to Business Class : Travel Form	
☐ Return of Minor Child		☐ Fraudulent Charges (Payment Card Security)	
☐ Political Risk and Catastrophe Evacuation		☐ Golfer's Hole in One	
☐ Daily Allowance in case of Hospitalisation		☐ Fire Cover for Building (Home in India)	
☐ Fire Cover for Contents (Home in India)		☐ Loss of International Driving License	
☐ Adventure Sports		☐ Reinstatement of Sum Insured	

Important Guidelines:

1. Issuance of the form is not an admission of liability or a waiver of terms, conditions & exceptions of the insurance contract.
2. Please answer all questions completely. In case of insufficient space, please attach an additional sheet.
3. Please attach all bills, receipts, payment card slips pertaining to your claim.
4. No claim under Accident & Sickness Section will be admitted without Doctor's Report as per format.
5. Failure to call our Emergency Assistance Service Provider shall invalidate your claim.

	CLAIMANT'S BANK DETAILS				
14.	Name of the Bank Account Holder	☐ Mr. ☐ Ms. ☐ Mrs. F I R S T M I D D L E L A S T			
15.	Bank Account No.:		16.	Account:	☐ Saving ☐ Current
17.	Name of the Bank				
18.	Branch		19.	PAN No.	
20.	MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)				
21.	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.

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.

DECLARATION

I, hereby warrant the truth of the foregoing particulars in every respect and I agree that if I have made or shall make any false or untrue statement, suppression or concealment, my right to claim reimbursement of the said expenses shall be absolutely forfeited, I further declare that, in respect of the above statement, no benefits are admissible under any other Medical scheme or Insurance.

I hereby authorize any hospital, physician, or other person who has attended or examined me, to furnish to the company, or its authorized representative, any and all information with respect to any illness or injury, medical history, consultation, prescriptions or treatment and copies of all hospital or medical records, a photostat copy of this authorization shall be considered as effective and valid as the original.

Date: D D / M M / Y Y Y Y

Place: _____

_____

Signature of Insured Person

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.**