

Reliance Home LoanProtect Policy Claim Form

Claim No.

*Policy No.

Period From Period To

*Customer ID Date of Registration

Area Office/Service Centre Code

Broker/Agent Name Code

Details of Insured (To be filled in BLOCK LETTERS)

1. *Insured's Name ☐ Mr. ☐ Mrs.

2. *Address
Flat/Building/Door/Block No.
Road/Street/Sector
Nearest Landmark
Area
City *Pin Code
State Country
*Phone *Mobile
*Email PAN No.
*Aadhaar (UIDAI) No.

3. Date of Birth

4. Gender ☐ Male ☐ Female

5. Monthly Income ☐ Upto ₹ 20,000 ☐ ₹ 20,001 to ₹ 50,000 ☐ ₹ 50,001 to ₹ 1,00,000 ☐ ₹ 1,00,001 and above

6. Profession/Occupation ☐ Business ☐ Profession ☐ Salary ☐ Agricultural Income ☐ Savings ☐ Others

7. Loan A/C No.

8. Do you have any other Insurance
If so state name & address of company or companies & amount insured

9. Claim pertains to ☐ Personal Accident ☐ Critical Illness ☐ Loss of employment ☐ Child Care allowance
☐ Home Cover ☐ Home Contents

10. Incase of Injury/RTA/
Self injury Under the influence of alcohol ☐ Yes ☐ No [Attached copy of (MLC; FIR)]

Details of the Insured/Claimant

1. NEFT details of the Insured/Claimant

2. Name of the Claimant 3. Mobile

4. Customer Name
(As per Bank records)

5. Bank Account No.: 6. Account: ☐ Saving ☐ Current

7. Name of the Bank

8. Address of Bank
Branch 9. PAN No.

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

11. 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

An ISO 9001:2008 Certified Company

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. UIN: IRDA/NL-HLT/RGI/P-H/V.I/325/13-14. 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/HL-26/CF/Ver. 1.3/301017.

Section (A) Personal Accident

1.	Date of loss/injury	<input type="text" value="d d m m y y y y"/>	Time of Accident	<input type="text" value="h h m m"/> AM/PM
2.	Place of loss/injury	<input type="text"/>		
3.	Particulars of loss/injury	<input type="text"/>		
4.	Reason for injury	<input type="text"/>		
5.	Nature of injury received (if to eye or limbs, please state left or right?)	<input type="text"/>		
6.	Nature of disablement	<input type="text"/>		
7.	Present state of disability	<input type="text"/>		
8.	Names & Addresses of treating physicians & hospitals	<input type="text"/>		
	City	<input type="text"/>	Pin Code	<input type="text"/>
	State	<input type="text"/>	Country	<input type="text"/>
	Phone	<input type="text"/>		

Section (B) Critical Illness

1.	Nature of disease/illness contracted, injury sustained or surgery performed?	<input type="text"/>		
2.	Is the disease/illness contracted or surgery performed due to any accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If YES, please provide the details of accident	<input type="text"/>		
3.	Date on which you first visited a doctor with complaints related to this illness/injury	<input type="text" value="d d m m y y y y"/>		
	Dr. Name	<input type="text"/>		
	Hospital Name	<input type="text"/>		
	Hospitalization Details	<input type="text"/>		
	Date of admission	<input type="text" value="d d m m y y y y"/>	Date of discharge	<input type="text" value="d d m m y y y y"/>
4.	Have you ever been hospitalized before?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Date of admission	<input type="text" value="d d m m y y y y"/>	Date of discharge	<input type="text" value="d d m m y y y y"/>
5.	Have any of your blood relatives suffered from similar or related illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If YES, give details of when it was initially diagnosed	<input type="text"/>		

Section (C) Loss of employment

1.	Name of the employer	<input type="text"/>		
2.	Address	<input type="text"/>		
	.	<input type="text"/>		
3.	Designation	<input type="text"/>	4.	Department
5.	Date of joining the organization	<input type="text" value="d d m m y y y y"/>	6.	Date of Separation
7.	Reason for separation	<input type="text"/>		

Section (D) Child Allowance

Details of Child 1

1.	Name	<input type="text"/>		
2.	Date of Birth	<input type="text" value="d d m m y y y y"/>	Birth Mark	<input type="text"/>
	Designation	<input type="text"/>	Department	<input type="text"/>
	Date of joining the organization	<input type="text" value="d d m m y y y y"/>	Date of Separation	<input type="text" value="d d m m y y y y"/>
3.	Reason for separation	<input type="text"/>		

Section (E) Home Cover : Fire & Special Perils

1. (a) Please give following details pertaining to all the policies involved in fire accident:

Policy No.	Risk Covered	Location	Sum Insured (₹)	Estimated Amount of Loss (₹)

(b) Period of Insurance From To

(c) Date & time of loss Date Time AM/PM

2. Nature & cause of loss (please describe the circumstances leading to the loss)

3. Give details of insurance with any other insurance company on the risk involved in fire/accident.

4. If insured is not sole owner, the nature of his/their interest in the property and details of other interests

5. Whether the loss is intimated to

(a) Police

(b) Fire Brigade

6. Was any claim reported in the past on the same property during current policy period?

☐ Yes ☐ No

If so, give details regarding

(a) Cause

(b) Date of accident

(c) Claim number

(d) Policy issuing office

(e) Amount of claim paid/outstanding

Section (F) Home Contents : Burglary

1. (a) State address of the premises at which the loss occurred.

- (b) How was the said premises occupied?

2. (a) Date & time of loss Date Time AM/PM

- (b) When was it discovered and by whom?

3. (a) How was entry to/exit from the premises effected?

- (b) Which portion of the premises was affected by the entry or exit?

- (c) Give brief details of how exactly the loss occurred. (Specify overleaf the articles stolen and property, if any, damaged)

