

reliancegeneral.co.in 1800 3009

Claim No

Reliance Home LoanProtect Policy

Clai	m Form					
*Polic	cy No.					
Perio	d From d d d m m s	<u>У, У, У, У</u> Регіоd То				
*Cust	tomer ID					
Area	Office/Service Centre Code					
	er/Agent Name	Code				
	Details of Insured (To be fille	ed in BLOCK LETTERS)				
1.	*Insured's Name Mr. M	•				
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	[d d m m y y y y 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.						
0.	Do you have any other Insurance If so state name & address of company or companies & amount insured					
	I so state name a dadress of	company of companies a uniount insured				
9.	Claim pertains to	☐ Personal Accident ☐ Critical Illness ☐ Loss of employment ☐ Child Care allowance				
		☐ Home Cover ☐ Home Contents				
10.	Incase of Injury/RTA/	Under the influence of alcohol Yes No [Attached copy of (MLC; FIR)]				
10.	Self injury	The [machine of alcohol 163 165 166				
	Details of the Insured/Claim	nant				
1.	NEFT details of the Insured/C	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 IRDAL its mandatory that all payments made to the insured are only through electronic mode.					

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, 4st 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.

Note: Please attach original cancelled cheque and a copy of PAN card for verification of the particulars

	Section (A) Personal Accider	L.
1.	Date of loss/injury	Time of Accident h h m m AM/PM
2.	Place of loss/injury	
3.	Particulars of loss/injury	
4.	Reason for injury	
5.	Nature of injury received	
	(if to eye or limbs, please	
	state left or right?)	
6.	Nature of disablement	
7.	Present state of disability	
8.	Names & Addresses of treating	
	physicians & hospitals	
		City Pin Code
		State Country
		Phone
	Section (B) Critical Illness	
1.	Nature of disease/illness	
	contracted, injury sustained	
	or surgery performed?	
2.	Is the disease/illness contracte	d or surgery performed due to any accident?
	If YES, please provide the deta	ils of accident
3.	Date on which you first visited	a doctor with complaints related to this illness/injury
	Dr. Name	
	Hospital Name	
	Hospitalization Details	
	Date of admission	Date of discharge d, d m, m y, y, y, y Date of discharge
4.	Have you ever been hospitalize	
	Date of admission	Date of discharge d d m m y y y y y
5.		s suffered from similar or related illness?
	If YES, give details of when it w	as initially diagnosed
	Section (C) Loss of employn	nent
4		
1.	Name of the employer	
2.	Address	HR Contact details
2	Pagignation	
3.5.	Designation	4. Department d_d d m_m y_y_y_y 6. Date of Separation d_d d m_m y_y_y_y y
7.	Reason for separation	o. Date of Separation [3 3 m m 7 7 7 7 7 7]
7.	Reason for separation	
	Section (D) Child Allowance	
Deta	ils of Child 1	
1,	Name	
2.	Date of Birth	d d m m y y y y Birth Mark
	Designation	Department
	Date of joining the organization	d d m m y y y y Date of Separation d d m m y y y y
3.	Reason for separation	

(a) Please give following details pertaining to all the policies involved in fire account of the policies involved in the policies in the policies involved in the policies involved in the policies in th					cident:					
		Policy No.	Risk Covered	Location	Sum Insured (₹)	Estimated Amount of Loss (₹)				
			1	<u> </u>	l	1 01 2033 (1)				
	(b)	Period of Insurance From		To						
	(c)	Date & time of loss Date	d	Y Y Y Y Y Time h h h	M M AM/PM					
2.	Natu 	ture & cause of loss (please describe the circumstances leading to the loss)								
3.	Give	ve details of insurance with any other insurance company on the risk involved in fire/accident.								
4.	If ins	sured is not sole owner, the nature of	f his/their interest i	n the property and details of other	er interests					
		insured is not sole owner, the nature of his/their interest in the property and details of other interests								
5.	Whe	ther the loss is intimated to								
	(a)	Police								
	(b)	Fire Brigade								
6.		any claim reported in the past on th	e same property d	uring current policy period?		Yes No				
	If so,	, give details regarding				1				
	(a)	Cause								
	(b)	Date of accident								
	(c)	Claim number								
	(d) (e)	Amount of claim paid/outstanding								
		tion (F) Home Contents : Burglary								
1.	(a)	State address of the premises at w	hich the loss occu	rred.		1				
	(b)	How was the said premises occupi	ied?							
	(5)									
2.	(a)	Date & time of loss Date d d m m y y y y y Time h h m m AM/PM								
	(b)	When was it discovered and by whom?								
3.	(a)	How was entry to/exit from the pre	mises effected?			I				
	(b)	Which portion of the promises was	affected by the on	itry or ovit?						
	(b)	Which portion of the premises was	allected by the en	itry or exit?						
(c) Give brief details of how exactly the loss occurred. (Specify overleaf the articles stolen and property, if any,					y, damaged)					
	. /			· •						
		T.				1				

Section (E) Home Cover : Fire & Special Perils

4.	Has a complaint been lodged with the police?	☐ Yes ☐ No				
	If so, by whom, when and at which Police Station?					
	Attach a copy of the Police Complaint.					
	Note: If this is not done, this may be done immediately and a copy thereof be furnished to	o the Company.				
5.	(a) Where the premises occupied at the time of loss?	☐ Yes ☐ No				
	(b) If not, on what date and at what hour where they last occupied?	y,y,y,y h,h,m,m AM/PM				
	(c) For how long have the premises been unoccupied since the policy was effected or	last renewed?				
6.	Is anybody suspected of theft?	☐ Yes ☐ No				
	If so, state full details.					
7.	Is the insured responsible for repairs to the premises?	☐ Yes ☐ No				
8.	State the total value of property upon the premises at the time of loss.					
9.	Is there any other insurance against the present loss under any other policy?	☐ Yes ☐ No				
	If so, give full particulars.					
	Details of Articles Stolen, Property Damage					
	Aadhaar based payment (For Reimbursement claims)					
Aadl		Aadhaar card copy to be submitted)				
	wish to collect claim reimbursement directly in my Bank account linked with my aforement amount shall be credited directly in my latest Bank account linked with my Aadhaar Card.	ntioned Aadhaar Card. I understand that the				
or an	hereby declare that the details given above are true and correct to the best of my belief and part thereof is found incorrect, I agree that all right under the policy will be forefeited. I apany if required. I will indemnify and hold harmless the Company due to any loss arising of pured, to make a statutory Declaration before a Justice of the Peace of the truth of the will may make in connection with this claim.	agree to provide additional information to the ut of misstatement in this form and am willing				
publ	ther agree and undertake not to receive from Reliance General Insurance Company Limited shed prospectus in accordance with the provisions Section 41 of the Insurance Adendment) Act, 2015.	•				
Plac						
Date		(Signature of Insured Person/Claimant)				

^{*} Mandatory details to be filled