



## Personal Accident Policy Schedule

### Policyholder Details

Policy Number: 920221929130193874	Proposal/Covernote No: R04081902683
Name: <b>MR. ANGAPPAN .A</b>	Policy Servicing Branch: <b>Reliance Centre, South Wing, 4th Floor, Off. Western Express Highway, Santacruz (East), Mumbai MUMBAI MUMBAI MAHARASHTRA 400055</b>
Correspondence Address & Place of Supply: <b>NO 129 MEENA ESTATES,2ND LAYOUT , COIMBATORE SOUTH,COIMBATORE,TAMIL NADU, 641028</b>	Transaction ID: <b>C504081902684</b>
	Tax Invoice No. & Date: <b>R04081902683 &amp; 04/08/2019</b>
Mobile No: <b>9786498218</b>	GSTIN/UIN of Policyholder:
Contact No. Res.:	Gender : <b>Male</b>
Email-ID : <b>geedha.india@gmail.com</b>	

### Plan Details

Tenure	<b>1Year</b>	Premium Payment Mode	<b>Online</b>
BusinessType	<b>NEW</b>		
Policy Period	Start Date: <b>07/08/2019</b>	End Date: <b>06/08/2020</b>	Renewable Date: <b>07/08/2020</b>

### Nominee Details

Name	<b>DHANALAKSHMI .</b>	Date Of Birth	<b>06/06/1943</b>	Relationship with proposer	<b>Spouse</b>
Address of Nominee	<b>NO 129 MEENA ESTATES,2ND LAYOUT , COIMBATORE SOUTH,COIMBATORE,TAMIL NADU,641028</b>				

Details of the Insured	1
Name	<b>ANGAPPAN .A</b>
Gender	<b>Male</b>
Relationship with Policyholder	<b>Self</b>
Date of Birth (DD/MM/YYYY)	<b>15/06/1938</b>
Occupation	<b>Others Risk Group 1</b>
Table Of Benefit	<b>A 100000</b>
Capital Sum Insured (₹)	<b>100000.00</b>
Cumulative Bonus (Floater)	<b>0</b>

**DIRECT**

**Direct**

**NA**

Intermediary Code

Intermediary Name

Intermediary Contact No.

Premium Details	Amount(₹)
Basic Premium	45.00
Loading : Underwriting	0.00
Discount	0.00
Net Premium	45.00
IGST (@ 18.00 % )	8.10
<b>Total Premium (₹)</b>	<b>53.00</b>

GSTIN : 27AABCR6747B1ZG , HSN : 9971

Description of Services:Accident and health insurance services

Category-General Insurance Business Service 00440005

**Benefit:**

Table	Basis of Offering
A	As at Clause(a) of Operative Clause of Policy Wordings
B	As at Clauses(a),(b),(c)and(d) of Operative Clause of Policy Wordings
C	As at Clauses(a),(b),(c),(d)and(e) of Operative Clause of Policy Wordings
D	As at Clauses(a),(b),(c),(d),(e)and(f) of Operative Clause of Policy Wordings

Consolidated Stamp duty Paid vide Letter of Authorisation No. CSD/46/2019/2389 dated 29th May 2019\*\*Not Applicable for the State of J&amp;K

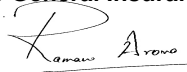
Contact details for Policy & Claims Servicing	Policy Servicing	Claim Servicing
<b>Name</b>	<b>Customer Service Team</b>	<b>R Care</b>
<b>Correspondence Address</b>	Reliance General Insurance Company Limited Winway Building,2nd & 3rd floor, 11/12, Block No - 4, Old No-67, South Tukoganj, Indore (M.P.) - 452001	Reliance General Insurance,1-89/3/B/40 to 42/ks/301, 3rd floor,Krishe Block, Krishe Sapphire,Madhapur, Hyderabad.Pin code-500081
<b>E-mail ID</b>	rgicl.services@relianceada.com	Rgicl.rcarehealth@relianceada.com
<b>Contact No</b>	NA	1800 3010 3001
<b>Fax No</b>		
<b>Website</b>	www.reliancegeneral.co.in	www.reliancegeneral.co.in
<b>Toll Free No</b>	1800 3009 or (022) 48903009	1800 3009 or (022) 48903009

**Please Note:**

- The Policy wording with detailed terms, conditions and exclusions are available on our website www.reliancegeneral.co.in.
- The Benefits which are mentioned in this Schedule shall only be available under the Policy.
- This document must be surrendered to the Company in case of cancellation of the Policy or for the issuance of a fresh Schedule in the case of any alteration in the Policy. In the event of any incorrect representation, the policy will be considered as Void and no claims shall be admissible.
- In witness whereof this Policy has been signed at Mumbai on policy tax invoice date in lieu of Proposal No. as mentioned in the policy.
- This document shall be treated as a Tax Invoice as per Rule 9(2) of the Goods and Services Tax Invoice Rules

In case of a renewal, the benefits provided under the policy and/or terms and conditions of the policy including premium rate may be subject to change.

**Grievance Clause :** For resolution of any query or grievance, Insured may contact the respective branch office of the Company or may call at 1800 3009 or may write an email at rgicl.services@relianceada.com. In case the insured is not satisfied with the response of the office, insured may contact the Nodal Grievance Officer of the Company at rgicl.grievances@relianceada.com. In the event of unsatisfactory response from the Nodal Grievance Officer, insured may email to Head Grievance Officer at rgicl.headgrievances@relianceada.com. In the event of unsatisfactory response from the Head Grievance Officer, he/she may, subject to vested jurisdiction, approach the Insurance Ombudsman for the redressal of grievance. Details of the offices of the Insurance Ombudsman are available at IRDAI website www.irda.gov.in or on company website www.reliancegeneral.co.in or on www.gbic.co.in. The insured may also contact the following office of the Insurance Ombudsman within whose territorial jurisdiction the branch or office of the Company is located.Office of the Insurance Ombudsman,3rd Floor,Jeevan Seva Annexe,S. V. Road,Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@gbic.co.in | Shri. A. K. Sahoo Office of the Insurance Ombudsman,Jeevan Darshan Bldg.,3rd Floor,C.T.S. No.s. 195 to 198,N.C. Kelkar Road,Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@gbic.co.in

**Special Conditions, if any :**
**For Reliance General Insurance Co. Ltd.**
  
**Authorised Signatory**

## Know your policy

Remember to carefully go through the policy documents and confirm your details.

**In case of any discrepancy in the policy details, kindly revert within 15 days from the policy start date on 1800 3009 (toll free) or 022 48903009** or visit any of our branches or mail us at [rgicl.services@relianceada.com](mailto:rgicl.services@relianceada.com)  
Kindly refer to the Customer Information Sheet and Policy Wording to understand your policy better and learn more about the policy coverages & Policy Exclusion.

## How do I lodge a Claim?



**Intimate the claim details on toll free no 1800-3009 or (022) 48903009**



**Submit all required claim documents to RCare**



**Complete set of documents received at RCare**



**RCare adjudicates the case as approval/repudiate or seek additional details**



**If Claim is approved, payment will be made by NEFT**

## What documents do you require to register a Claim (Indicative list)

1. Original claim form-completely filled and signed.
2. Original/Attested copy of Death Certificate/Disability certificate issued by authorised officer.
3. Attested copy of First Information report (FIR) / Inquest Panchnama / Spot settled only by mode of NEFT.
4. Attested copy of Post Mortem Examination report with supporting Investigation reports like X-ray/MRI etc.
5. Medico-Legal Certificate (MLC) from Treating Medical Officer.
6. Photo ID proof of Insured & Nominee (PAN card/Aadhar card/Passport)
7. Original Cancelled CTS 2010 compliant cheque of the Insured (disability authorised officer. claims) or Nominee (in death cases) for NEFT. Approved claims will be settled only by mode of NEFT.
8. Complete treatment record like Discharge summary, Consultation papers with supporting Investigation reports like X-ray/MRI etc.

**Note:** As soon as a claim occurs, please intimate immediately to our call centre **1800 3009 (toll free) or 022 48903009**. Delay in intimation would result in the violation of policy condition.

## How to renew your policy conveniently



Visit [reliancegeneral.co.in](http://reliancegeneral.co.in) and renew online



Call 1800 3009 or (022) 48903009 and renew



Submit a cheque/DD along with signed Renewal Notice to branch/agent and renew

## Payment Modes



Internet banking



Cheque/DD



Credit/Debit Card

The content on this page is for additional information & should not be considered as part of the policy document / Schedule

**Online Proposal Form for Reliance -Personal Accident**

Proposal No. : R04081902683

**Proposer Details**

Name of the Proposer*	MR. ANGAPPAN .A		
Gender	Male		
Date of Birth*	15/06/1938	Nationality	Indian
Marital Status	Single		
Address of the Proposer	NO 129 MEENA ESTATES,2ND LAYOUT ,COIMBATORE SOUTH,COIMBATORE,TAMIL NADU,641028		
Pan No.			
Occupation	Others	Mobile Number*	9786498218
Monthly Income	NA	E-mail	geedha.india@gmail.com

**Nomination Details**

The nominee as declared hereunder shall become eligible for claim payment under the policy as per the terms and conditions of the Policy, in the event of the death of the Policyholder. The receipt of proceeds by the nominee would be sufficient discharge to the Company. Nominee for all other person(s) proposed shall be the proposer himself/herself.

Name of Nominee	D.O.B	Relationship with Proposer	Address of Nominee
DHANALAKSHMI .	06/06/1943	Spouse	NO 129 MEENA ESTATES,2ND LAYOUT ,COIMBATORE SOUTH,COIMBATORE,TAMIL NADU,641028

**Section A: Details of person(s) proposed to be insured**

Details of the Insured	1
Name	ANGAPPAN .A
Gender	Male
Relationship with Proposer	Self
Date of Birth (DD/MM/YYYY)	15/06/1938
Occupation	Others Risk Group 1
Table Of Benefit	A 100000
Capital Sum Insured (₹)	100000.00

Details of existing physical defect or infirmity, if any, of any of the persons proposed for insurance :

**Premium Payment Details**

Premium Amount : 53.00

Payment Mode : Online

Date : 04/08/2019

Bank Name :

Amount in words : Fifty Three Only

**Declaration & Warranty on Behalf of All Persons Proposer to be Insured**

- i. I have read and understood the brochure/prospectus/sales literature/terms and conditions of the Policy and confirm to abide by the same.
- ii. I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurance Company and that the policy will come into force only after full receipt of the premium chargeable.
- iii. I/We further declared that I/We will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the Company.
- iv. I/We declare and consent to the Company seeking medical information from any Doctor or from a hospital who at anytime has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/ proposer and seeking information from any insurance Company to which an application form insurance on the life to be assured / proposer has been made for the purpose of underwriting the proposal and / or claim settlement.
- v. I/we authorized the Company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Government and/or Regulatory Authority.
- vi. Receipt of the Proposal form by the Company shall not be construed as acceptance of proposal. I hereby agree that the insurance coverage shall commence only on realization of full premium and on receipt of complete medical reports (wherever applicable) and subject to individual underwriting by the Company. The Company at its sole discretion reserves the right to accept or reject or load any proposal without assigning any reason thereof.
- vii. I understand that the Policy shall become void at the Company's option, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure of any material fact in the Proposal form/personal statement, declaration and connected documents or any material information having been withheld by me or anyone acting on my behalf.
- viii. I hereby declare that the person(s) proposed to be insured would submit to medical examinations, before the nominated doctors of the Company, or undergo diagnostic or other medical tests, as suggested by the Company for its underwriting.
- ix. I consent to provide a valid age proof and identity proof at the time of claims or any other time when required by the Company.
- x. I/We consent to receive information from the Company through physical, electronic or telecommunication means from time to time.
- xi. I here by declare on my behalf & on behalf of all person proposed to be insured that the above statements, answers and/or particulars given by me in this proposal form are true and complete in all respects to the best of my knowledge and that I/We am/are authorized to propose on behalf of these other persons.
- xii. I declare that I am submitting a proposal for Health insurance policy to Reliance General Insurance Company Ltd. (Company) through the Company's website/Portal, after satisfying myself of the truthfulness of the statements made by me herein and of the need to disclose all material facts.
- xiii. I further declare that the premium is being paid from my credit/ debit card/internet bank account.
- xiv. You are requested to please verify the details of the online proposal form and cross-check against the policy schedule. In case of any discrepancy, you should report it within 15days of the receipt of the proposal form at our toll free no : 18003009 or (022) 48903009 , else it will be presumed that everything is in

**IMPORTANT**

- The policy has been issued based on the telephonic conversation / online proposal form, details provided wherein have been recorded in this proposal form. In case of any discrepancy you are requested to contact our call centre at 1800 3009 (Toll Free) or (022) 48903009 and record the discrepancy within 15days of receipt of the policy. In case we do not get any communication from your side we will presume that all the details provided in the policy & proposal form all
  - The information that you give to Reliance General Insurance on this online form will be treated as the proposal form and details in any supplemental information form or documentation supplied by you or on your behalf will influence our decision to offer insurance and the terms upon which to offer it. It is therefore important that your answers are complete and accurate in all respect.
  - I have read and understood the terms and conditions governing the online transaction facility of Reliance General Insurance Company Ltd.
- Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015.**
- No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property, in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer.
  - Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to five hundred rupees.