



**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.231546325

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 NameCode

Agent Mobile No. Agent Email ID

1. *Name of the InsuredSanjay

2. *Customer ID

3. *Address of the Insured

Plot No./Flat No.Building name

Road

Area

City*Pin Code

State

*Phone No.9658421569

PAN No.*E-mail IDsanjay@gmail.com

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 InsuredTable 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:

An ISO 9001:2015 Certified Company

RCare Health: Reliance General Insurance, No.1-89/3/B/40 to 42/ks/301, 3rd floor, Krishe Block, Krishe Sapphire, Madhapur, Hyderabad 500081.
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