



GENERAL
INSURANCE

reliancegeneral.co.in

022 4890 3009 (Paid)

74004 22200

CLAIM FORM FOR HEALTH INSURANCE POLICIES OTHER THAN TRAVEL AND PERSONAL ACCIDENT - PART A

TO BE FILLED IN BY THE INSURED

(To be filled in BLOCK LETTERS)

The issue of this Form is not to be taken as an admission of liability

SECTION A - DETAILS OF PRIMARY INSURED

- a) Type of claim
☐ Hospitalization ☐ Pre Hospitalization ☐ Post Hospitalization ☐ Health check-up ☐ OPD
- b) Pre authorization obtained ☐ Yes ☐ No
- c) Policy type ☐ Individual ☐ Group
- d) Group/Company name _____
- e) Policy No **524681369** f) Sl. No/Certificate No _____
- g) Company/TPA ID No. _____ h) Name **Deepa**
- i) Address _____
City _____ State _____ Pincode _____
Phone No **8136987452** Email ID. **deepa@gmail.com**
- j) PAN No _____
- k) Monthly Income: ☐ Up to ₹ 20,000 ☐ ₹ 20,001 to ₹ 50,000 ☐ ₹ 50,001 to ₹ 1,00,000 ☐ ₹ 1,00,001 and above

SECTION B - DETAILS OF INSURANCE HISTORY

- a) Currently covered by any other Mediciam/Health Insurance ☐ Yes ☐ No
- b) Date of commencement of first insurance without break | d | d | m | m | y | y | y | y |

- c) If yes, company name _____
Policy No _____ Sum Insured ₹ _____
- d) Have you been hospitalized in the last four years since inception of the contract? ☐ Yes ☐ No
Date | d | d | m | m | Diagnosis _____
- e) Previously covered by any other Mediciam/Health Insurance ☐ Yes ☐ No
- f) If yes Company Name _____

SECTION C - DETAILS OF INSURED PERSON HOSPITALIZED

- a) Name _____
- b) Gender ☐ Male ☐ Female c) Age - _____ years _____ Months d) Date of birth | d | d | m | m | y | y | y | y |

- e) Relationship to Primary insured: ☐ Self ☐ Spouse ☐ Child ☐ Father ☐ Mother Other - Please Specify _____
- f) Occupation: ☐ Service ☐ Self Employed ☐ Homemaker ☐ Student ☐ Retired Other - Please Specify _____
- g) Address (if different from above) _____
City _____ State _____ Pin Code _____
Phone No _____ Email Id _____

An ISO 9001:2015 Certified Company

Reliance General Insurance Company Limited. IRDAI Registration No. 103. Registered & Corporate Office: Reliance Centre, South Wing, 4th Floor, Santacruz (East), Off. Western Express Highway, Mumbai 400055. Corporate Identity No.U66603MH2000PLC128300. 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/CLAIM-/Ver.1.2/050820.