

General Insurance

**Reliance Travel Care Insurance Policy
Claim Form**

Claim No.
For the office use only

Certificate/Policy No. **Period From** **Period To**

Details of Insured (To be filled in BLOCK LETTERS)

1. Name of the Insured Mr. Ms.

2. Address for Communication
Flat/Building/Door/Block No.
Road/Street/Sector
Area
Taluka/Village/District/City Pin Code
State Country
Phone Mobile
Email Fax

3. Relationship of the Patient/Insured Person with the Insured Self Spouse Son Daughter

4. Source of fund Business Profession Salary Agricultural Income SavingsOthers

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

6. PAN No.

Details of Patient/Insured Person (To be filled in BLOCK LETTERS)

7. Name of the Patient/Insured Person Mr. Ms.

8. Date of Birth 9. Sex: M F

10. Address for Communication
Flat/Building/Door/Block No.
Road/Street/Sector
Area
Taluka/Village/District/City Pin Code
State Country
Phone Mobile
Email Fax

Claim Details

11. Has the Emergency Assistance Service Provider been intimated? Yes No
If yes, please provide the reference number

12. Passport No.

13. Please indicate whether claim is respect of

Medical Expenses Dental Care Expenses Repatriation/Evacuation Compassionate Visit
 Personal Accident Accidental Death & Dismemberment-Common Carrier Loss of checked Baggage
 Delay of checked Baggage Loss of Passport Trip Delay Trip Cancellation/Interruption
 Missed Connection Hijack Distress Allowance Personal Liability Financial Emergency Assistance
 Sponsor protection Study interruption Bail Bond Home Burglary

Important Guidelines :
1 Issuance of the form is not an admission of liability or a waiver of terms, conditions & exceptions of the insurance contract.
2 Please answer all questions completely. In case of insufficient space, please attach an additional sheet.
3 Please attach all bills, receipts, credit card slips pertaining to your claim.
4 No claim under Accident & Sickness Section will be admitted without Doctor's Report as per format.
5 Failure to call our Emergency Assistance Service Provider shall invalidate your claim.

Claimant's Bank details

14. Name of the Bank Account Holder
15. Bank Account No.: 16. Account: Saving Current
17. Name of the Bank
18. Branch
19. MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)
20. IFSC Code (11 character code appearing on your cheque leaf)

I Wish: Any refund due on the premium payment / any payment / claims will be directly credited to my aforesaid Bank Account.*

*As per IRDA, its mandatory that all payments made to the insured only through electronic mode.

Declaration

I, hereby warrant the truth of the foregoing particulars in every respect and I agree that if I have made or shall make any false or untrue statement, suppression or concealment, my right to claim reimbursement of the said expenses shall be absolutely forfeited, I further declare that, in respect of the above statement, no benefits are admissible under any other Medical scheme or Insurance.

I hereby authorize any hospital, physician, or other person who has attended or examined me, to furnish to the company, or its authorized representative, any and all information with respect to any illness or injury, medical history, consultation, prescriptions or treatment and copies of all hospital or medical records, a photostat copy of this authorization shall be considered as effective and valid as the original.

Date:

Place:

Signature of Insured Person

Contact Reliance General Insurance Company Limited : +91-22-67347843* / +91-22-67347844*

RCare ID: reliance@europ-assistance.in

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