Health Claim form

(The issue of this form is not be taken as an admission liability- Please give the following information correctly and completely)

Part A (To be filled by Insured)	(To be filled in BLOCK LETTERS)

Pre Authorization obtained Yes / No

1. Type of Claim: ☐ Hospitalization   ☐ Pre & Post Hospitalization   ☐ Health Check up

2. Policy No. |_____| Policy Type: ☐ Individual   ☐ Group

   Group/Company Name (for Group Health Policies) |_____|

   Is this a renewal policy ☐ Yes ☐ No   If Yes, previous year's policy no |_____|

3. Details of the Insured Person in respect of whom the claim is made

   Name |_____|

   Present completed age (in years) ☐☐   Gender: ☐ M ☐ F   Relationship with the Policy Holder |_____|

   Card / UHID No. |_____| Sum Insured ₹ |_____|

   Current Residential Address |_____|

   City |_____| PIN Code |_____| State |_____|

   Change of the contact Details ☐ Yes, I wish to change my contact details   ☐ There is no change in my contact details

   Please update mentioned mobile number as primary contact details against my policy. I also hereby confirm to be contacted on the number provided above for Claim Status /Policy Renewal.

   Mobile Number |_____|

4. Profession/Occupation ☐ Business   ☐ Profession   ☐ Salary   ☐ Agricultural Income   ☐ Savings   ☐ Others

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

6. **Aadhaar (UIDAI) No.** |_____| 7. PAN No. |_____|

8. Name of the Policy Holder (Self / Main Member) |_____|

   Email ID |_____|

   Member ID No. / Employee ID / Client ID |_____|

9. Does the claimant have health insurance policy with any other insurance company? : Yes / No (If yes, please provide the details)

   Name of the Insurance Company |_____|

   Policy No. |_____| Sum Insured ₹ |_____|

   Policy Start Date |d_d|m_m|y_y_y_y| Policy End Date |d_d|m_m|y_y_y_y|

   Name of the Insured |_____|

10. Hospitalization Detail -

    Date of Admission |d_d|m_m|y_y_y_y| Date of Discharge |d_d|m_m|y_y_y_y|

    Diagnosis / Nature of disease / illness contracted / injury suffered |_____|

    |_____|

11. Date of injury sustained or disease / illness first detected |d_d|m_m|y_y_y_y|

12. Details of the Hospital / Nursing Home in which treatment was taken :

    Name of the Hospital / Nursing Home |_____|

    Address of the Hospital / Nursing Home |_____|

    City |_____| PIN Code |_____| State |_____|

    Telephone / Mobile Number |_____| Registration Number |_____|

13. Name of Treating Physician / Surgeon _____

    Qualification _____ Registration Number _____

    Telephone / Mobile Number |__|__|__|__|__|__|__|__|__|__| Email ID _____

14. Details of the amount claimed

	Bill Heads	Amount /(In ₹)	Bill number	Bill Date	Bills attached (Yes/No.)
A	Bill Heads				
B	Room Rent & Nursing Charges				
C	Doctors Consultation/Visit Charges				
D	Investigation Charges(Includes Radiology and Pathology Reports)				
E	Surgeon and Asst. Surgeon Charges				
F	Anesthetist Charges				
G	Operation Theater Charges				
H	Medicine Charges(Includes Ward and OT Medicines and Consumables)				
I	Taxes/Surcharges/Service Charge				
J	Miscellaneous/Other Charges (like Admission, Registration, etc.)				
K	Pre Hospitalization Bills (If Any)				
L	Post Hospitalization Bills (If Any)				
	Total Claimed Amount (Sum of A to L)				

In support of the above claim, I enclose following documents in original (Please indicate by ticking the Yes / No)

Claim form Duly Filled	Yes / No	Investigation Reports/Reports Name	Yes / No
Authorization Form	Yes / No	Medicine/Pharmacy Bills with Doctors Prescription	Yes / No
Discharge Summary	Yes / No	Implant Name and Invoice (If any)	Yes / No
Hospital Bills	Yes / No	Indoor Case Papers (duplicate copy)	Yes / No
Hospital Payment Receipt	Yes / No	Others	Yes / No
Photo Identity Proof	Yes / No		
Total No. of Pages enclosed			

As per the policy terms and conditions, the Company reserves its right to have the Insured examined by a doctor appointed by it for verification of diagnosis.

15. Name of the Bank Account Holder ☐ Mr. ☐ Mrs. ☐ Ms. |F|I|R|S|T| | |M|I|D|D|L|E| | |L|A|S|T|

16. Bank Account No.: |__|__|__|__|__|__|__|__|__|__|__|__|__| 17. Account: ☐ Saving   ☐ Current

18. Name of the Bank |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

19. Branch |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

20. MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank) |__|__|__|__|__|__|__|__|__|

21. IFSC Code (11 character code appearing on your cheque leaf) |__|__|__|__|__|__|__|__|__|__|__|

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

*As per IRDAI, its mandatory that all payments made to the insured are only through electronic mode.
Note: Please attach original cancelled cheque and a copy of PAN card for verification of the particulars provided in this regard.

Aadhaar based payment (For Reimbursement claims)

Aadhaar Card No.: |__|__|__|__|__|__|__|__|__|__|__|__| (Note: Self attested Aadhaar card copy to be submitted)

☐ I wish to collect claim reimbursement directly in my Bank account linked with my aforementioned Aadhaar Card. I understand that the claim amount shall be credited directly in my latest Bank account linked with my Aadhaar Card.

I/We hereby declare that the details given above are true and correct to the best of my belief and knowledge. In the event above information or any part thereof is found incorrect, I agree that all right under the policy will be forefeited.I agree to provide additional information to the Company if required. I will indemnify and hold harmless the Company due to any loss arising out of misstatement in this form and am willing if required, to make a statutory Declaration before a Justice of the Peace of the truth of the whole of the foregoing statement or any other statement I may make in connection with this claim.

I further agree and undertake not to receive from Reliance General Insurance Company Limited any rebate other than that mentioned in the published prospectus in accordance with the provisions Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015.

Place: _____

Date: |d|d|m|m|y|y|y|y| _____
                                                                  (Signature of Claimant)

A) Date of First Consultation (Prior to Hospitalization)	
B) With what complaints was the patient admitted for	
C) Detail history of past illness with duration	
D) Whether the present ailment is a compilations of Pre-Existing disease ?	
E) If, yes please specify the disease (OR) complication of any previous surgery done ?	
F) If yes please specify the details	
G) Whether the disease / disorder is congenital in nature ?	
H) Nature of surgery / treatment given for present ailment	
I) Number of in-patient beds in the hospital (including ICU)	

Date: |_d_|_d_|_m_|_m_|_y_|_y_|_y_|_y_|

_____
(Doctor's Seal and Signature)

Terms and Conditions for Payments through RTGS/NEFT

1. The details provided by the Customers in the Mandate form shall be considered as final and Reliance General Insurance Company Ltd. Shall not be responsible for cross verification of any of the details provided therein.

2. The RTGS/NEFT facility shall be effective for the respective customer(s) within 15 days of the receipt of the Mandate form by Reliance General Insurance Company Ltd. and/or within such period as may be reasonably required by Reliance General Insurance Company Ltd. to activate the RTGS/NEFT facility.

3. The Customer agrees that under the RTGS/NEFT facility, there may be a risk of non-payment in the account of customer on the day of the credit of payments due to change in the applicable regulations pertaining to RTGS/NEFT facility or due to any other reasons without any fault/inaction/failure on part of Reliance General Insurance Company Ltd or any factor beyond the control of Reliance General Insurance Company Ltd.

4. The customer agrees to indemnify, without delay or demur, Reliance General Insurance Company Ltd and its agents and keep Reliance General Insurance Company Ltd and its agent indemnified harmless at all times from and against any and all claims, damages, losses, costs, and expenses (including attorney's fees) which Reliance General Insurance Company Ltd may suffer or incur, directly or indirectly, arising from or in connection with, amongst other things, either of the aforesaid reasons stated in above clauses.

5. The Customer May discontinue or terminate the use of RTGS/NEFT facility by giving a minimum of 15 days prior written notice to Reliance General Insurance Company Ltd. The date of notice will be considered from the date of receipt of such notice by Reliance General Insurance Company Ltd. The notice of, such termination should be given to Reliance General Insurance Company Ltd. only at its corporate address and be addressed at Reliance General Insurance Company Limited, Reliance Centre, South Wing, 4th Floor, Off. Western Express Highway, Santacruz (East), Mumbai - 400 055.

6. A Confirmation of the receipt of termination notice given by the customer will be acknowledge through a confirmation Letter by Reliance General Insurance Company Ltd. In no case can be the customer construe his termination notice as effective unless a confirmation has been provided by Reliance General Insurance to the customer stating the date of Receipt of such communication by the customer.

7. The Customer agrees that transaction(s) through RTGS/NEFT may attract inward RTGS/NEFT charges, which if levied by the customer's bank, shall be borne by the customer.

8. Reliance General Insurance has the absolute discretion to amend or supplement any Terms and Condition stated herein at any time and will endeavor to give prior notice of Ten days for such changes wherever feasible for the terms and conditions to be applicable. By using the new services, or at the completion of such period, whichever is earlier, the Customer shall be deemed to have accepted the changed terms and conditions.

9. NEFT facility for group policy holder shall be done at the consent of HR.

10. Notices under these terms and conditions may be given in writing by delivering them by hand or e-mail or on Reliance General Insurance Company Ltd. website www.reliancegeneral.co.in or by sending them by post to the last address of the Customer.

11. These terms and conditions will be governed by the laws of India and any legal action or proceedings arising out of these Terms and Conditions shall be initiated in the courts or tribunals at Mumbai in India.

12. I/We further undertake to refund any excess amount whether demanded by Reliance General Insurance Company Limited or not, which has been credited in excess to my account at any time due to any reason within 7 days of such receipt of such communication from Reliance General Insurance of such excess credit or such information of excess credit coming to the knowledge of the customer through any other source.

13. I/We agree that my/our claim payment will be credited from the date Reliance General Insurance Company Ltd. gets confirmation from its bankers, this facility will continue unless it is revoked by any party and any issuance of relevant credit instruction from Reliance General Insurance Company Ltd. to its bankers will be valid till such instructions is complete irrespective of the fact that the notice period has expired provided such a credit request has been made by Reliance General Insurance Company Ltd. before the expiry if the notice period of the customer.

14. As per IRDA any claimed amount above 1lac, PAN card of the insured for corporate reimbursement claim/Proposer for retail reimbursement claim is mandatory, and below 1lac Photo identity proof (for eg- Aadhar card, Driving license, Election card, Passport etc) is mandatory.

15. For NEFT settlements to insured/Proposer we require CTS 2010 cheque, CTS 2010 compliant cancelled cheque should have Name of the Account holder, Account number and IFSC code of the bank to be printed on cheque is mandatory.

16. Incase of Non CTS 2010 compliant cheque photocopy of the passbook/bank statement with all the required details (Name of the Account holder, Account number and IFSC code of the bank should be printed on passbook/bank statement) should be submitted.

_____
(Signature of the account holder)

This claim form shall be applicable for Reliance HealthWise Policy, Reliance HealthGain Policy and Group Mediclaim.

Email: rgicl.rcarehealth@relianceada.com
IRDAI Registration No. 103.
UIN of Reliance HealthGain Policy: IRDA/NL-HLT/RGI/P-H/V.I/318/13-14.
UIN of Reliance HealthWise Policy : IRDA/NL-HLT/RGI/P-H/V.I/315/13-14.
UIN of Group Mediclaim: UIN: IRDA/NL-HLT/RGI/P-H/V.I/317/13-14.