

**DOCUMENT CHECK LIST FOR PERSONAL ACCIDENT CLAIM SUBMISSION**

Sr. No.	Accidental Death Claim Document Type	Yes/ No.	Sr. No.	Accidental Injury Claim Document Type	Yes/ No.
A.	Duly filled and signed Claim form		I.	PTD (Permanent Total Disability) & PPD (Permanent Partial Disability)	
B.	Original/Attested copy of Death Certificate		A.	Duly filled and signed Claim form	
C.	Attested copy of Post Mortem Examination report		B.	Complete treatment record like Discharge summary, Consultation papers with supporting Investigation reports like X-ray/MRI etc.	
D.	In Case of Accident- Copy of Medico Level Certificate from hospital		C.	In Case of Accident- Copy of Medico Level Certificate from hospital	
E.	Copy of Photo ID proof of Insured person (Employee/Member ID card)		D.	Attested copy of FIR of local police station or Detailed Police Information note or Inquest Panchnama / Spot Panchnama (if applicable)	
F.	Attested copy of FIR of local police station or Detailed Police Information note or Inquest Panchnama / Spot Panchnama (if applicable)		E.	Coloured and clear photograph of Disabled person showing the disability	
G.	Original Cancelled Cheque in CTS 2010 format (Printed account number, IFSC code, Printed name) Mandatory. In case the name is not printed on cheque leaf, scanned copy of 1st page of passbook or the authorized bank statement.		F.	Income proof like Pay slips/Salary slips prior to the Date of loss.	
H.	For claimed amount above 1 lac self attested copy of PAN Card /Form 60 of Insured is mandatory & for below 1 lac claimed amount copy of Photo identity proof (PAN Card/Form 60, AadhaarCard, Voter ID etc.) is mandatory		G.	Copy of Employee/Member Photo ID proof	
			H.	Original Cancelled Cheque in CTS 2010 format (Printed account number, IFSC code, Printed name) Mandatory. In case the name is not printed on cheque leaf, scanned copy of 1st page of passbook or the authorized bank statement.	
			I.	For claimed amount above 1 lac self attested copy of PAN Card /Form 60 of Insured is mandatory & for below 1 lac claimed amount copy of Photo identity proof (PAN Card/Form 60, Aadhaar Card, Voter ID etc.) is mandatory	

II	TTD {Temporary Total Disability}	Yes/No.
A.	Duly filled and signed Claim form	
B.	Medical Certificate confirming the Disability period and the probable date to resume duty / service	
C.	Complete treatment record like Discharge summary, Consultation papers with supporting Investigation reports like X-ray/MRI etc.	
D.	In Case of Accident- Copy of Medico Level Certificate from hospital	
E.	Attested copy of FIR of local police station or Detailed Police Information note or Inquest Panchnama / Spot Panchnama (if applicable)	
F.	Leave Certificate from the Employer mentioning the leave dates	
G.	Income proof like Pay slips/Salary slips prior to the Date of loss.	
H.	Copy of Employee/Member Photo ID proof	
I.	Original Cancelled Cheque in CTS 2010 format (Printed account number, IFSC code, Printed name) Mandatory. In case the name is not printed on cheque leaf, scanned copy of 1st page of passbook or the authorized bank statement.	
J.	For claimed amount above 1 lac self attested copy of PAN Card /Form 60 of Insured is mandatory & for below 1 lac claimed amount copy of Photo identity proof (PAN Card/Form 60, Aadhaar Card, Voter ID etc.) is mandatory	

Please note the above list is only indicative. Insured/ Claimant may have to submit additional documents/information if required.


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**022 4890 3009 (Paid)**

**74004 22200 (WhatsApp)**

**PEP DECLARATION:**

Are you a Politically Exposed Person (PEP)?

☐ Yes ☐ No

If yes, please mention the position held

Is any of your close relation or family member a PEP?

☐ Yes ☐ No

If yes, please mention the name and relation and the position held by such close relative/family member.

I hereby declare that in future if me, any of my close relatives or any of my family member attains a position of PEP then I shall confirm the same to Reliance General Insurance Co. Ltd as a mandate. I understand that this is a crucial information under the PMLA Rules and AML/CFT Guidelines and shall confirm that the answers given by me is true. In case the company comes to know that this is a misrepresentation and concealment of information then the policy shall be put on hold for scrutiny by the company and I shall be solely responsible for the same.

**Note :**

**"Politically Exposed Persons" (PEPs)** shall have the meaning assigned to it under sub clause (db) of clause (1) of Rule 2 of the Prevention of Money Laundering (Maintenance of Records) Rules, 2005."

(db) "Politically Exposed Persons" (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials".

**AML Guidelines**

1. I/We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been /will be paid out of proceeds of crime related to any of the offense listed in Prevention of Money Laundering Act,2002.
2. I Understand that the Company has the right to call for document to established sources of funds.
3. The Insurance Company has right to cancel the insurance contract in case I am/have been found guilty by competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Proposer**GENERAL DECLARATION:**

I understand that as per the new AML/CFT Guidelines issued Reliance General Insurance Co. Ltd will be verifying my details pertaining to KYC and PAN provided at the time of proposal.

I further, do hereby agree and consent that in the case of the event of a mismatch of information provided by me in the proposal form, identification proof, and address proof at the time of issuance of the policy. I request Reliance General Insurance Company Limited to issue the policy with the details appearing as per my proposal form. I will be solely responsible for any consequences arising out of the difference in detail given by me during the verification of supporting documents provided by me at the time of issuance of the policy or otherwise.

**HEALTH CARE ADDRESS:**

**Health Care Unit:** Reliance General Insurance, No.1-89/3/B/40 to 42/ks/301, 3rd floor, Krishe Block, Krishe Sapphire, Madhapur, Hyderabad - 500081. **Email:** [healthcare@indusindinsurance.com](mailto:healthcare@indusindinsurance.com).