

Health Claim form - Group Mediclaim Policy

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

To be filled by Insured (in BLOCK LETTERS)

1. Type of Claim Hospitalization Expenses Hospital Daily Cash
 2. *Policy No. _____
 3. *Member ID _____ 4. *Loan No. _____

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

5. *Name _____
 6. Present complete age _____ (in year) 7. Gender M F
 8. *Current Residential Address _____
 _____ City _____ *PinCode _____
 State _____ Country _____ Mobile _____
 9. Profession/Occupation Business Profession Salary Agricultural Income Savings Others
 10. Monthly Income Upto ₹ 20,000 ₹ 20,001 to ₹ 50,000 ₹ 50,001 to ₹ 1,00,000 ₹ 1,00,001 and above
 11. PAN No. _____ 12. * UID Aadhaar No. _____
 13. Relationship with the Loan A/C Holder _____
 14. *Name of the Loan A/C Holder (Self / Main Member) _____
 15. *Member ID No. _____

Hospitalization Detail

16. Date of Admission | d | d | m | m | y | y | y | y | 17. Date of Discharge | d | d | m | m | y | y | y | y |
 18. Diagnosis / Nature of disease / illness contracted / injury suffered _____

 19. Date of injury sustained | d | d | m | m | y | y | y | y |

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

20. Name of the Hospital / Nursing Home _____
 21. Address of the Hospital/ Nursing Home _____
 _____ City _____ PinCode _____
 State _____ Country _____ Tel./Mobile _____
 22. Hospital Registration Number _____
 23. Name of Treating Physician/Surgeon _____
 24. Telephone/Mobile No. _____

25. Details of the amount claimed

Sr.	Bill Heads	Amount (₹)	Sr.	Bill Heads	Amount (₹)
1.	Room Rent & Nursing Charges		5.	Anesthetist Charges	
2.	Doctors Consultation/Visit Charges		6.	Operation Theater Charges	
3.	Investigation Charges (Includes Radiology and Pathology Reports)		7.	Medicine Charges (Includes Ward and OT Medicines and Consumables)	
4.	Surgeon and Asst. Surgeon Charges		8.	Miscellaneous/Other Charges (like Admission, Registration, etc.)	
Total Claimed Amount (₹)					

26. In support of the above claim, I enclose following documents in original (Please indicate by ticking the Yes / No)
- | | | | |
|--------------------------|----------------------------------------------------------|-----------------------------|----------------------------------------------------------|
| Claim form Duly Filled | <input type="checkbox"/> Yes <input type="checkbox"/> No | Medicine/Pharmacy Bills | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hospital Bills | <input type="checkbox"/> Yes <input type="checkbox"/> No | Discharge Summary | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hospital Payment Receipt | <input type="checkbox"/> Yes <input type="checkbox"/> No | Total No. of Pages enclosed | _____ |

An ISO 9001:2008 Certified Company

Payments through RTGS/NEFT (To be filled in case of Electronic Fund Transfer is to be opted as mode of payment)

27. Customer Name (as per bank records) _____

28. Bank Account No.: _____ 29. Account: Saving Current

30. Branch Name / Address _____

31. MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank) _____

32. IFSC Code (11 character code appearing on your cheque leaf) _____

I understand that 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.

Place: _____

Date: | |

(Signature of Claimant)

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. Reliance General Insurance Company Ltd. may sub-contract and employ agents to carry out any of its obligations under the RTGS/NEFT facility. 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 for Reliance General Insurance Company Ltd. will be 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.
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 Company Ltd. 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 Company Ltd. 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 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 of the notice period of the customer.

Signature of the account holder

Declaration

I hereby agree, affirm and declare that, the statements/information given/stated by me/us in this claim form is true, correct and complete. No material information which is relevant to the processing of the claim or which in any manner has a bearing on the claim has been with held or not disclosed. If I have given/made any false or fraudulent statement/information, or suppressed or concealed or in any manner failed to disclose material information, the policy shall be void & that I shall not be entitled to all/any rights to recover there under in respect of any or all claims, past, present or future. The receipt of this claim form/other supporting/related documents does not constitute or be deemed to constitute an agreement by the Company of the claim and the Company reserves the right to process or reject or require further/additional information in respect of the claim.

I hereby provide my consent and authorize Reliance General Insurance Company Ltd to seek any medical information from any hospital/Medical Practitioner who has at any time attended on the insured person

Place: _____

Date: | |

Signature of Claimant

* Mandatory details to be filled