

RELIANCE - COMPREHENSIVE GENERAL LIABILITY - CLAIM FORM

Issuance of this form does not imply acceptance of the liability

This form should be completed and returned to the company immediately

Policy Number		Claim Number	
Date of Registration	DD / MM / YYYY	Area Office Code/Service Centre Code	
Broker/Agent Name		Code	

SECTION 1 - INSURED DETAILS (To be filled in BLOCK LETTERS)

1. Name of the Insured	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	FIRST	MIDDLE	LAST
2. Customer ID				
3. Address of the Insured				
Plot No./Flat No.		Building Name		
Road		Area		
City		State		
Pin Code		Phone Number		
Mobile Number				
Email ID				
GSTN No		PAN No.		

SECTION 2 - DETAILS OF THE LOSS OCCURED

3. Date & time of loss:	Date DD / MM / YYYY	Time HH / MM	AM / PM
Place			
4. Brief Description and history of Loss or Damages:	<p>_____</p> <p>_____</p> <p>_____</p>		
5. Under which section do you want to lodge the claim?			
6. When did you first come to know the accident / event:			
7. Estimated amount of liability:			
8. Date of receipt of Legal notice (if any) :			
9. Estimated product recall expenses			



10. Details of person sustained any injuries in the accident.

Sr. No.	Name	Address & Contact Number	Occupation	Location at the time of incident

Has / have the injured person(s) been medically attended? Yes No

If yes, please give the details

11. Details of damage to property caused due to accident.

Sr. No.	Name of owner of the property	Address & Contact Number	Description of the property	Nature & Extent of the damage

Has any claim been made upon you by any person? Yes No

If yes, state by whom and please give the details

12. Give, if possible, the names of all witnesses to the accident (Use additional sheet if required)

Sr. No.	Name of the witness	Address	Contact Number	Email ID

13. Has the accident / incident been reported to any authority? Yes No

If yes, mention to whom and attach a copy of the report submitted

14. If you have received legal notice for slander / libel / violation of right of privacy /infringement of copyright, title, slogan, trademark, or trade name. Kindly provide the details along with date of legal notice along with estimated liability.

15. Give the details of statute / law under which in your opinion, liability may arise

16. Any legal opinion taken or process is initiated till date?

17. Legal Expenses / investigation expenses incurred till date

18. Details of Previous similar losses & specify if legal notices being served earlier (if any):

19. Details of other insurances along with retroactive date (if any):

SECTION 3 - BANK DETAILS

Name of the Bank Account Holder M/s

Mr. Mrs. Ms. F I R S T M I D D L E L A S T

Bank Account No.:

Name of the Bank:

Branch

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

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

I understand that any refund due on the premium payment I any payment I 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.

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.

DECLARATION BY INSURED

I/We hereby declare that the statements made by me/us in this claim form are true to the best of my/our knowledge and belief.

I/We here by state that the above mentioned address shall be taken as address on record for the purpose of GST.

Date: _____

Place: _____

Signature of Insured