

## 1800 3002 8282 (toll free) 3989 8282 (local charges apply) www.reliancegeneral.co.in

## Reliance Travel Care Policy-Corporate Annual Plan Proposal Form for Individual Employee

Rate Building	Intermediary Name Branch Name Sales Manager Name  Proposer Details Name of the Proposer Address of the Proposer Flat Building Area District State Tel No. (office) Website Contact Person Description of Business Insured Person Details Name of the Insured Person Mr. M. M. Date of Birth Designation Office Number Email id  Medical History Details Does the Insured Person suffer from any possible of the possible of th	
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Insured Person Details  Name of the Insured Person	Description of Business  Insured Person Details  Name of the Insured Person Mr.	
Insured Person Details  Name of the Insured Person Mr. Ms. F. I. R. S. T. M. I. D. D. L. E. L. A. S. T. Date of Birth Mr. Ms. F. I. R. S. T. M. I. D. D. L. E. L. A. S. T. Date of Birth Mr. Ms. F. I. R. S. T. M. I. D. D. L. E. L. A. S. T. Date of Birth Mr. Ms. F. I. R. S. T. Date of Birth Mr. Ms. F. I. R. S. T. Date of Birth Mr. Ms. F. I. R. S. T. Molific Number Mobile Number Mobile Number Mobile Number Medical History Details  Does the Insured Person suffer from any pre-existing illness/condition/injury? Yes No  If yes, please mention the details of the pre-existing illness/condition/injury Multiple Medication Proceedings (Please fill in the following details about your family physician)  Name Dr F. I. R. S. T. M. I. D. D. L. E. M. I. A. S. T. Address  Flat Building Road/Street/Sector Mr. Taluka/Village/City Mr	Insured Person Details  Name of the Insured Person Mr.	Designation C. T. C.
Name of the Insured Person	Name of the Insured Person Mr.	
Date of Birth	Date of Birth  Designation  Office Number  Email id  Medical History Details  Does the Insured Person suffer from any p  If yes, please mention the details of the p	15.   F. I. R. J. S. T.
Designation  Office Number  Email id Emp Code  Medical History Details  Does the Insured Person suffer from any pre-existing illness/condition/injury? Yes No  If yes, please mention the details of the pre-existing illness/condition/injury  Suffering since ( Duration ) Under Medication ? Yes No  Family Physician Details (Please fill in the following details about your family physician)  Name Dr FIIRST MIDDLE ASST  Address  Flat Building Road/Street/Sector Area  District State  Pin Code Fax No.  Tel No.  Medical History Details  Mobile Number  Mobile Number	Designation  Office Number  Email id  Medical History Details  Does the Insured Person suffer from any p  If yes, please mention the details of the p	
Office Number	Office Number  Email id  Medical History Details  Does the Insured Person suffer from any p If yes, please mention the details of the p	
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If yes, please mention the details of the pre-existing illness/condition/injury  Suffering since ( Duration )	If yes, please mention the details of the p	ore-existing illness/condition/injury?
Family Physician Details (Please fill in the following details about your family physician)  Name Dr F, I, R, S, T, M, I, D, D, L, E, M, L, A, S, T  Address  Flat Building Road/Street/Sector Malchand Marg, Ballard Estate, Mumbai 400 001	Suffering since ( Duration )	
Name  Dr F I R S T		Under Medication ? ☐ Yes ☐ No
Address  Flat Building	Family Physician Details (Please fill in	n the following details about your family physician)
Flat Building  Area  District  Pin Code  Tel No.  Registered Office 19, Reliance Centre, Walchand Hirachand Marg, Ballard Estate, Mumbai 400 001	Name Dr F	I
Area  District  Pin Code  Tel No.  Registered Office 19, Reliance Centre, Walchand Hirachand Marg, Ballard Estate, Mumbai 400 001	Address	
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Pin Code  Tel No.  Registered Office 19, Reliance Centre, Walchand Hirachand Marg, Ballard Estate, Mumbai 400 001	Area	Taluka/Village/City
Tel No.  Reliance General Insurance Co. Ltd. Registered Office 19, Reliance Centre, Walchand Hirachand Marg, Ballard Estate, Mumbai 400 001	District	StateState
Reliance General Insurance Co. Ltd. Registered Office 19, Reliance Centre, Walchand Hirachand Marg, Ballard Estate, Mumbai 400 001	Pin Code	Fax No.
	Tel No.	
	Reliance General Insurance Co. Ltd. Registere	od Office 19 Reliance Centre, Walchand Hirachand Marg, Rallard Estate, Mumhai 400 001
Acknowledgement (On behalf of Reliance General Insurance)		
drawn on Bank for a sum of Rs. LILILI towards		
Promitive for Police of Travel Care Insurance		
Premium for Reliance Travel Care Insurance  Intermediary Name Intermediary Code Inte	Branch Name	Intermedialy Code

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Home Details (Please fill in	n the following details, if the plan opted includes the home burglary cover)
Address of the home to be co	overed under Home Burglary Insurance
Flat Building	
Road/Street/Sector	
Area	Taluka/Village/City
District	Pin Code Pin Code
State	Country
Plan Details	
Are you visiting USA / Canad Number of days per trip	da?
Policy Details	
Policy Start Date	[d,d m,m y,y,y,y] Policy End Date [d,d m,m y,y,y,y]
Payment Details	
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Cheque or DD Amount	
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## Registered & Corporate Office Address

Reliance General Insurance Co. Ltd.

Registered Office: Reliance Centre, 19, Walchand Hirachand Marg, Ballard Estate, Mumbai - 400 001
Corporate Office: 570, Naigaum Cross Road, Next to Royal Industrial Estate, Wadala (W), Mumbai - 400 031

