

 **CLAIM INTIMATION & DISCHARGE FORM (For IPPB only)**

* The company retains right to call for further evidence needed to process the claim and to entertain or repudiate the claim.
* Acceptance of forms does not amount to admission of claim.

 **PARTICULARS OF INSURED**

|  |  |
| --- | --- |
| Master Policy No : | Master Policyholders Name : |
| Members Name :  | Membership No :  |
| Age : | Loan Account Number :  |
| Sex :  | Sum Assured : |

 **DETAILS OF CLAIM**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Death |   | Cause of Death : |   |

 **PARTICULARS OF CLAIMANT**

|  |  |
| --- | --- |
| Claimant Name :  | Relationship with Insured Member :  |

|  |
| --- |
| Settlement Option : **Option 1** (100% lumpsum payout) - **Option II** (Deferred – 20% lumpsum and rest 80% in monthly installment) - |
| Payout Term (5/7/10 Years) :  |
| Claimant Bank Account Number :  | Bank Name : | IFSC Code : |

**DISCHARGE FROM CLAIMANT**

I/We hereby provide discharge in favor of Bajaj Allianz Life Insurance Co. Ltd as full and final settlement towards the claim benefit on the insurance cover, details of which is mentioned herein above in this Claim Intimation and Discharge Form.

**Revenue**

**Stamp**

Signature by the payee on the Revenue Stamp

Date:-

**Certificate of Master Policyholder**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, currently posted as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Designation) with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of MPH) do hereby certify that Insured Member/Nominee/Beneficiary who has executed this Claim Discharge Form is the same person who has been registered as the Member/Nominee/Beneficiary in the Membership Register maintained by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of MPH) for the purposes of group insurance scheme administered under Master Policy No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Signature Name & Designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_