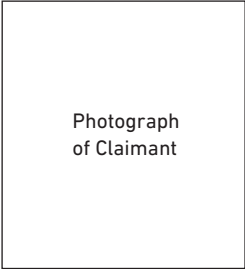


LIFE GOALS. DONE.



**INSTRUCTION FOR FILLING UP THE FORM**

**IMPORTANT INFORMATION (Please read before filling the form)**

- The form should be filled by the claimant only. In case the claimant is a minor, the guardian/appointee may fill the form
- Claims under multiple policies may be registered by filling a single form & providing all applicable policy numbers
- In case of more than one claimant, separate forms need to be filled for each claimant
- Please read the declarations carefully and the claimant should sign the claim form in the same manner as you normally sign your cheque
- Claim is payable subject to fulfillment of all terms and conditions of the policy
- No fee or commission should be paid to anyone to process this claim
- Make sure your address, phone numbers and email ID are current and active as the correspondence will happen through this only
- Asterisk (\*) refers to mandatory information

**SECTION A\***

POLICY DETAILS

Policy Number(s): \_\_\_\_\_

**SECTION B\***

DETAILS OF LIFE ASSURED (LA)

Name of Life Assured:  Mr.  Ms.       F I R S T             M I D D L E             L A S T      

Father's Name:       F I R S T             M I D D L E             L A S T      

Date of Death       D D M M Y Y Y Y      

Place of Death  Hospital  Clinic  Residence  Office  Other (Please specify) \_\_\_\_\_

Family Doctor: Name \_\_\_\_\_ Registration No \_\_\_\_\_ Contact No \_\_\_\_\_

Last treated/attended Doctor: Name \_\_\_\_\_ Registration No \_\_\_\_\_ Contact No \_\_\_\_\_

Last Employer details (If applicable):

Name of the Company \_\_\_\_\_ Name of contact person \_\_\_\_\_ Contact No \_\_\_\_\_

Nature of Death  Medical  Natural  Accident  Murder  Suicide

Cause of Death \_\_\_\_\_

**Nature of Illness and Habit of the insured**

Date of diagnosis of illness

- Hypertension  Diabetes  Heart disease  Liver disease
- Kidney disease  Cancer  Other \_\_\_\_\_
- Smoking  Tobacco  Drugs If yes, Duration of Consumption \_\_\_\_\_ & Quantity Consumed

**Other Insurance details: (Life/Medicaid/Health)**

Policy No.	Company Name	Sum Assured	Status (Active/Lapsed/Applied/Matured)

**DETAILS OF CLAIMANT**

Claimant Name:  Mr.  Ms.       F I R S T             M I D D L E             L A S T      

Date of Birth:       D D M M Y Y Y Y      

Address:       F I R S T             L A S T      

      B U I L D I N G             R O A D N A M E / N O      

      L A N D M A R K      

      C I T Y / V I L L A G E      

      D I S T R I C T             S T A T E      

Pincode: \_\_\_\_\_

Contact No.:       O F F I C E             R E S I D E N C E             M O B I L E      

Office & / or Personal Email ID: \_\_\_\_\_

Relation with the Life Assured:  Spouse  Children  Parents  Others       S P E C I F Y      

Claimant's Title:  Nominee  Executor  Trustee  Appointee  Employer  Assignee  Beneficiary

Claimant's PAN details:           Or Form 60

Politically exposed person:  Yes  No

US Person:  Yes  No (If Yes, please fill FATCA / CRS certification)

## CLAIMANT NEFT MANDATE/ BANK ACCOUNT DETAILS

In case of children's plans, if beneficiary is a major, please provide beneficiary's account details

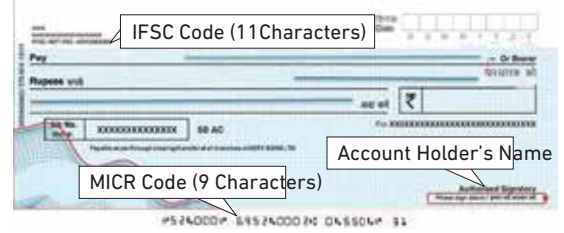
Bank Account No. : \_\_\_\_\_

Account Holder Name: \_\_\_\_\_

Bank Name & Branch: \_\_\_\_\_

Account Type  Savings  Current  NRO  NRE

IFSC: \_\_\_\_\_ MICR: \_\_\_\_\_



## PAYMENT OPTION DETAILS\*

Please indicate how would you like to receive the benefits.

Lump sum Amount  Instalment

(Applicable as per product features)

## NOTE: CLAIMANT NEFT MANDATE/ BANK ACCOUNT DETAILS

- A cancelled personalized cheque with the account no. and IFSC should be submitted along with the NEFT mandate. If the cheque is not personalized, a latest bank statement or copy of passbook (where account number and IFSC is mentioned) needs to be submitted with the mandate.
- Any payment to NRE account (full or proportionate) will be subject to ratio of premium(s) paid through NRE Account. Please submit a Bank Statement or Bank confirmation letter as an evidence for premium(s) paid through NRE account. In case of proportionate pay-out, please provide two NEFT mandates i.e. for NRE account and non-NRE account.

## SECTION C\*

DECLARATION AND AUTHORIZATION BY CLAIMANT.

- I declare that all the details provided by me are true and correct to the best of my knowledge and nothing material has been suppressed or concealed.
- I understand that mere submission of this Form shall not guarantee admission of the Claim. The claim shall be payable by the Company after due consideration of all the relevant documents.
- Any pay-out towards death benefit will be made subject to payment of all due premiums.
- A photocopy of this declaration shall have the same purpose as original.
- I hereby authorize and provide my consent to Bajaj Allianz Life Insurance Co. Ltd. to approach any medical Institution, Govt. Authorities, employer to obtain medical, employment or any other information relating to the Life Assured or me which is required for processing the Claim.
- I hereby authorise Bajaj Allianz Life Insurance Co. Ltd. to share and obtain information/ documents (including photocopies) from past and present employer(s)/ Business Associates/ Medical Practitioners/ Hospitals (Government/ Private)/ Birth and Death Registrar/ Any life and non-life insurance company and Life Insurance Association's Medical Register, Reinsurer, statutory authorities, court, governmental bodies, regulator, for the purpose of the claim, either directly or through an authorised person/ investigation agency.

Date:                        

Place \_\_\_\_\_

SIGN HERE

Signature of Claimant

## DECLARATION TO BE MADE BY A THIRD PERSON

The Claimant has affixed his/her thumb impression/has signed in vernacular/has not filled the application. I hereby declare that the content of this application form has been explained to the Claimant in \_\_\_\_\_ language and have truthfully recorded the answers provided to me. I further declare that the Claimant has signed/affixed his/her thumb impression in my presence.

Name of the Declarant: \_\_\_\_\_

Address: \_\_\_\_\_

Date:                        

Place \_\_\_\_\_

Signature of Third Person

Important Note: In case of any demand or favour asked by anyone including a company representative towards claim processing or settlement, the same should not be entertained and must be reported to the company immediately on the company's email id: [customercare@bajajallianz.co.in](mailto:customercare@bajajallianz.co.in)

## DOCUMENTS TO BE SUBMITTED

### MANDATORY DOCUMENTS

(1) Original policy document (Not necessary in case of dematerialised policy document) (2) Death certificate issued by local authority (3) Claimant's PAN CARD (4) Claimant's ID and address proof (5) Cancelled cheque

### ADDITIONAL DOCUMENTS

**HOSPITALISATION/ DEATH DUE TO ILLNESS** (1) Medical cause of death certificate (2) Medical records for all the treatments taken in the past. (Admission notes, History / Progress sheet, Discharge / Death summary, Test reports, etc.)

**ACCIDENTAL DEATH** (1) First Information Report (FIR), Panchnama / Inquest report, Post-mortem report (PMR), Driving license, Police Final Report, Viscera report (if applicable) Newspaper cutting (s), if any, Others as applicable

Disclaimers: 1. Copies to be submitted and originals to be presented at the time claim submission,

2. (Bajaj Allianz Life Insurance Co. Ltd.) Life Insurance Company reserves the right to ask for more information/ documents, if required

## LIST OF VALID IDENTITY & ADDRESS PROOFS (Please tick the document submitted)

### PHOTO IDENTIFY AND ADDRESS PROOF (ANY ONE)

- |   |  |
|---|--|
| <input type="checkbox"/> Passport   | <input type="checkbox"/> Letter issued by the Unique Identification Authority of India or National Population Register containing details of name, address and Aadhaar number. |
| <input type="checkbox"/> Voter's Identity Card issued by Election Commission of India               |  |
| <input type="checkbox"/> Driving License  |  |
| <input type="checkbox"/> Aadhaar Card   |  |
| <input type="checkbox"/> Job card issued by NREGA duly signed by an officer of the State Government |  |

I/We acknowledge that my/our Aadhaar details voluntarily furnished to BALIC will be submitted to the UIDAI for the purpose of authentication. Upon authentication, UIDAI may share with BALIC my/our demographic information (including photograph) to BALIC and I/We voluntarily give my/our consent to BALIC to use this demographic information (including photograph), for Identity and address proof verification (Know Your Customer), in connection with processing this Application form and for servicing the Policy issued thereafter.\n"

"I/We understand that (a) There are other alternatives that can be submitted as proof of identification apart from Aadhaar, (b) Aadhaar information shall not be used for any purpose other than mentioned above, or as per requirements of law, and (c) My/our Biometric details will not be stored by BALIC.\n"

"I/We hereby declare/confirm that all the information voluntarily furnished by me/us are true, correct and complete. I/We will not hold BALIC or any of its officials responsible in case of any incorrect information provided by me/us. The above terms of consent and purpose of collecting Aadhaar has been explained to me/us in my/our local language.\n"

"I/We further provide my/our voluntary consent to BALIC for verification of my/our physical copy of Aadhaar card/physical e-Aadhaar / masked Aadhaar/ offline electronic Aadhaar xml to establish its genuineness through Quick Response (QR) code embedded in the Aadhaar card or through such other acceptable manner as per UIDAI

IRDAI Registration No. 116. Bajaj Allianz Life Insurance Co. Ltd. Registered Office and Communication Address: Bajaj Allianz House, Airport Road, Yerawada, Pune - 411006. CIN: U66010PN2001PLC015959. Customer Service Helpline (Toll Free): 1800 209 7272/ Fax No: 02066026789 Email: customercare@bajajallianz.co.in. Website: www.bajajallianzlife.com. The Logo of Bajaj Allianz Life Insurance Co. Ltd. is provided on the basis of license given by Bajaj Finserv Ltd. to use its "Bajaj" Logo and Allianz SE to use its "Allianz" logo.

BEWARE OF SPURIOUS / FRAUD PHONE CALLS: IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.

## FOR OFFICIAL USE ONLY

Branch Name: _____	Branch Code: _____
Interaction ID: _____	
Employee Name: _____	
Employee Code: _____	Sign: _____
Date: <u>  D  </u> <u>  D  </u> <u>  M  </u> <u>  M  </u> <u>  Y  </u> <u>  Y  </u> <u>  Y  </u> <u>  Y  </u>	Time: <input type="checkbox"/> On or Before 3PM <input type="checkbox"/> After 3PM

## CUSTOMER ACKNOWLEDGEMENT COPY-INDIVIDUAL DEATH CLAIM FORM

Policy No. _____	Claimant Name _____
Branch Name / Interaction ID _____	Claimant Client ID _____
Employee Name _____	Date _____
Employee Sign _____	Employee Code _____

Branch Stamp

IRDAI Registration No. 116. Bajaj Allianz Life Insurance Co. Ltd. Registered Office and Communication Address: Bajaj Allianz House, Airport Road, Yerawada, Pune - 411006. CIN: U66010PN2001PLC015959. Customer Service Helpline (Toll Free): 1800 209 7272/ Fax No: 02066026789 Email: customercare@bajajallianz.co.in. Website: www.bajajallianzlife.com. The Logo of Bajaj Allianz Life Insurance Co. Ltd. is provided on the basis of license given by Bajaj Finserv Ltd. to use its "Bajaj" Logo and Allianz SE to use its "Allianz" logo.

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