

Declaration:

1./We hereby declare that the particulars given above are correct. If the transaction is delayed or not effected at all for reason of incomplete or incorrect information, I/We would not hold Bajaj Allianz Life Insurance Company Limited or any of its associates/agents responsible. Further, I agree to keep Bajaj Life indemnified against any loss caused to them due to any incorrect information provided above.

2./We further undertake to refund any excess amount whether demanded by Bajaj Allianz Life insurance limited or not, which has been credited in excess to my account at any time due to any reason.

Date: DD/MM/YYYY
 Place: _____

 SIGN HERE

 Signature of Account Holder

Date: DD/MM/YYYY
 Place: _____

 SIGN HERE

 Signature of Policyholder
 (If policyholder is different from account holder)

Declaration:

I hereby authorize Bajaj Allianz Life to credit to my account for the amount to be paid to me pursuant to the above claim. I hereby acknowledge and declare the receipt of all the entire amounts due and payable under the Policy above mentioned policy above towards the full and final settlement of the claim. I hereby declare that Bajaj Allianz Life is discharged of all its liabilities under the said Policy. I undertake to refund any amount that is credited to my account either in excess which is not due to me, at any time, for any reason and to this effect, I confirm that particulars given here are true, correct and complete in all aspect. I understand and agree that the submission of this form does not mean that the request will be processed. I understand that any payout under the Policy shall be strictly in accordance with the Policy terms and conditions. Also, any payment shall be subjected to realisation of the last renewal premium payment. Further, I understand that the Company shall not be held responsible for any non receipt of premium on account of wrong/incorrect/incomplete information given by me in this form. If a transaction is delayed or not effected at all due to incomplete or incorrect information, I shall not hold the Company responsible in any manner whatsoever.

Date: DD/MM/YYYY
 Place: _____

 SIGN HERE

 Account holder's Signature

Part III - Claim submitted for (please tick any one of the below):

1. Heart Attack 2. Coronary Artery Bypass Graft Surgery (CABGS) 3. Cancer 7. Others (Please Specify) _____
 4. Stroke 5. Major Organ Transplant 6. Kidney Disease

Please complete the following details, if space provided in the box is inadequate, please attach annexure

Part IV – Details of Illness	
A) What was the nature of the complaint and the symptoms?	
B) Please specify the treatment undertaken for the above complaint	
C) Date of first Diagnosis of illness	
D) Exact name of the Illness diagnosed	

Details of medical investigations/consultation for past and present illness and treatments

S.No.	Name of investigation/ illness/surgery	Date of investigation/ consultation/ admission/ surgery	Name of Pathology Lab/ Treating Doctor/Surgeon	Hospital Address & Contact Number

Part V – Details of Life Assured's Habits

Substance	Forms of Consumption	Quantity
Alcohol	<input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Whisky <input type="checkbox"/> Others (Please Specify) _____	Per day _____ ml/bottle
Tobacco	<input type="checkbox"/> Cigaretts <input type="checkbox"/> Bidis <input type="checkbox"/> Chewing Tobacco	___ No. of sticks or packets
Drugs	<input type="checkbox"/> Ganja <input type="checkbox"/> Hashish <input type="checkbox"/> Heroin <input type="checkbox"/> Cocaine <input type="checkbox"/> Charas <input type="checkbox"/> Marijuana <input type="checkbox"/> Others	___ No. of sticks or packets
Were you required to be away from work due to this condition? <input type="checkbox"/> Yes / <input type="checkbox"/> No		
If yes, please provide with details of dates and duration of time off work: _____		

Part VI – Details of all other Insurance cover/claims

Name of Insurance Company	Policy Number/s	Sum Assured (INR)
Any other information you would like to provide which enable us to process: _____		

Declaration & Authorisation:

I _____ hereby declare that the statements made above are true & complete in each and every respect. I hereby authorise the hospital(s)/Doctor(s) who have examined or treated me for any ailment/illness, any laboratory where I may have undergone any investigation or tests; my employer(s), including any previous employer to provide information regarding the leave and medical assistance availed by me whether before or after the date mentioned in the form to furnish details of such ailments/illness and examination, treatment, investigation or test to the Bajaj Allianz Life Insurance Company Limited or such persons or agency as may be authorised by the Company. I further authorise any government agencies including police & revenue to provide information and records that may be needed by Bajaj Allianz Life insurance to process the Claim. I agree to provide and furnish any other information/reports if required by Bajaj Allianz Life insurance for processing the claim.

Date: DD/MM/YYYY Place: _____

SIGN HERE

Signature of Policyholder 1

NOTE: The declaration below is to be completed where there is more than one Claimant.

I/We, _____ and _____ do hereby direct Bajaj Allianz Life to discharge the entire amount in favour of Mr./Mrs _____, being one of the Claimants under the Policy.

Date: DD/MM/YYYY Place: _____

SIGN HERE

Signature of Policyholder 1
(In case of Joint life)

Part VII-Declaration made by third person where the Policyholder has axed his/her thumb impression/has signed in vernacular:

The Policyholder 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 Policyholder in _____ language and have truthfully recorded the answers provided to me. I further declare that the Policyholder has signed/affixed his/her thumb impression in my presence.

Name of the Declarant: _____

SIGN HERE

Date: DD/MM/YYYY Place: _____

Signature of Third Person

Address: _____

List of documents required for claim processing	
1. Critical Illness Claim Form	Heart attack - ECG, Cardiac Injury Prole
2. Original Policy Document	CABG - Surgical Notes and Angiography Reports
3. Identity Proof	Cancer - Histopathology Report
4. Address proof	Stroke - CT- SCAN, MRI Report and Neurological Opinion
5. Cancelled Cheque leaf/Copy of Bank Passbook/Statement	Major Organ Transplant - Diagnosis of Original Report, Surgical Summary, Discharge Card
6. Any report which gives us conrmation of diagnosis	Kidney- Biopsy Report, Records of Haemodialysis

List of valid ID & Address proof – (Tick which is Applicable)	
Photo Identify Proof (any one)	Photo Identify Proof (any one)
<input type="checkbox"/> Aadhaar Card <input type="checkbox"/> Valid Passport <input type="checkbox"/> Valid Driving Licence	<input type="checkbox"/> Aadhaar Card <input type="checkbox"/> Valid Passport <input type="checkbox"/> Valid Driving Licence
<input type="checkbox"/> Voter ID Card <input type="checkbox"/> Bank Passbook with stamped photograph	<input type="checkbox"/> Voter ID Card <input type="checkbox"/> Bank Passbook with a stamp
<input type="checkbox"/> PAN Card <input type="checkbox"/> ID Card issued by Central/State Govt to employees	<input type="checkbox"/> Utility Bill (Electricity/Phone bill) not more than 6 months old