

## Bajaj Allianz Life Insurance - Critical Illness Claim Form

Part I Personal Details– (Please II in the requisite information in Block Letter Only)					
Policy Numbers(s):					
Name of the Life Assured:					
Contact No.: (O) (Res)					
(Mobile): (Mobile number is preferable)	Please ax recent passport size				
Email ID*:	photo of the Claimant				
Permanent Account Number (PAN):	Clairiait				
Aadhaar Number:					
E-Insurance Account No:					
*Contact details provided herein will be updated for all future communications. The above mentioned contact number will be considered as consent to communicate with m contact details provided herein.	ne on the				
Part II – NEFT Mandate					
Bank Account No. :					
Account Holder Name:					
Bank Name & Branch:					
Account Type: Savings Current NRO NRE"					
*All premium(s) paid from NRE Account: ** Proportionate premium(s) paid from NRE Account:					
IFSC Code <sup>^</sup> :					
Tax declaration (except for Excess Refund, Free Look Cancellation or Withdrawal of proposal)					
1. Are you a tax resident of any country other than India as per the Income-tax Act, 1961?  Yes **					
Note:					
<ul> <li>A cancelled personalised cheque with account no. and IFSC code should be submitted along with this NEFT Mandate. Where the cheque is not personalised, a latest bank statement (not more than 3 months old) or copy of passbook (where account number and IFSC code is mentioned needs to be submitted with the mandate.</li> <li>This mandate, upon processing, will override any of the previously tagged NEFT Mandates for all policies, held by the client with Bajaj allianz Life.</li> <li>In case of NEFT failure or any further requirements pending on the mandate, payout will be kept on hold till a fresh NEFT mandate is received.         Intimation regarding the same will be sent to you.         *Refund 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 con rmation letter as an evidence for premium(s) paid through NRE account.     </li> <li>**In case of proportionate payout, please provide two NEFT mandates i.e for NRE account and non-NRE account.</li> </ul>					
Customer Acknowledgement Copy (Critical Illness Claim )					
Policy No.: Policyholder Name:					
Customer Relations Ocer:	Branch Stamp				

Declaration	1:									
would not he	old Bajaj Allianz		Company Limited o						or incorrect information, I/We nnified against any loss caused	
	er undertake to e to any reason.	refund any exc	cess amount whether	er demanded b	y Bajaj Allianz Life i	nsurance l	limited or not,	which has been credi	ted in excess to my account at	
Date: DD/N	IM/YYYY		Signification			Da	ate: DD/MM/	YYYY	J.G.W.E.R.E	
Place:						Pla	ace:			
		Sign	nature of Account Hold	er					Signature of Policyholder older is dierent from account holder)	
Declaration	n:									
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 be 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/MI	M/YYYY								SIGN HERE	
Place:										
								A	Account holder's Signature	
Part III - Clair	n submitted f	or (please tick	any one of the be	low):						
1. Heart Attac	k 2.	Coronary Artery	y Bypass Graft Surge	ery (CABGS)	3. Can	cer		7. Others (Please Sp	pecify)	
4. Stroke	5.	Major Organ Tra	ansplant		6. Kidr	ney Diseas	e			
Please complete	e the following	details, if space	provided in the box	is inadequate	, please attach anne	exure				
Part IV – Detai					_					
<u> </u>		-	I the symptoms?							
			or the above compla	aint						
	Diagnosis of illr of the Illness d									
			for past and presen	t illnoss and tr	oatmonts					
	Name of	<u> </u>	finvestigation/		Name of					
S.No. inv	estigation/ ess/surgery	consultat	tion/admission/ surgery	Path	nology Lab/ Doctor/Surgeon		Hospital Address & Contact Number			
	s of Life Assured	l's Habits	F							
				Quantity						
Alcohol	Beer	Wine Whisky Others (Please Specify)				Per dayml/bottle				
Tobacco Cigaretts Bidis Chewing Tobacco			No. of sticks or packets							
Drugs Ganja Hashish Heroin Cocaine Charas Marijuana OthersNo. of sticks or packets					rpackets					
Were you required to be away from work due to this condition?  If yes, please provide with details of dates and duration of time o 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:					
Ihereby 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			
NOTE: The declaration below is to be completed where there is more tha	n one Claimant.	Signature of Policyholder 1			
I/We,a amount in favour of Mr./Mrsa	nd	do hereby direct Bajaj allianz Life to discharge the entire , being one of the Claimants under the Policy.			
		SIGN HERE			
Date: DD/MM/YYYY Place: Place:					
		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:					
Address:		Signature of Third Person			
List of documents required for claim processing					
Critical Illness Claim Form	· ·	- ECG, Cardiac Injury Prole			
Original Policy Document	CABG - Surgical Notes and Angiography Reports				
3. Identity Proof	Cancer - Histopathology Report				
4. Address proof Stroke - C		SCAN, MRI Report and Neurological Opinion			
5. Cancelled Cheque leaf/Copy of Bank Passbook/Statement Major Or		Organ Transplant - Diagnosis of Original Report, Surgical Summary, Discharge Card			
6. Any report which gives us conrmation of diagnosis	sy Report, Records of Haemodialysis				
List of valid ID & Address proof – (Tick which is Applicable)					
Photo Identify Proof (any one)	Photo Identify Proof (any one)				
Aadhaar Card Valid Passport Valid Driving Licence		Aadhaar Card Valid Passport Valid Driving Licence			
Voter ID Card Bank Passbook with stamped photograph		Voter ID Card Bank Passbook with a stamp			
PAN Card ID Card issued by Central/State Govt to employees		Utility Bill (Electricity/Phone bill) not more than 6 months old			