Photograph

of Claimant



LIFE GOALS. DONE.

## **INSTRUCTION FOR FILLING UP THE FORM**

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

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

POLICY DETAILS						
Policy Number(s): .						
SECTION B*						
DETAILS OF LIFE A	ASSURED (LA)					
Name of Life Assur	red: Mr. Ms. FIRST MIDDLE LAST					
Father's Name:	F I R	FIRST MIDDLE LAST				
Date of Death	D D M	D D M M Y Y Y Y				
Place of Death	Hospi	tal Clinic Residence	Office Other (P	lease specify)		
amily Doctor: Name Registra			ation No Contact No			
.ast treated/attend	ded Doctor: Name	F	Registration No	Contact No		
_ast Employer deta	ails (If applicable):					
Name of the Comp	any	Name of c	contact person	Contact N	lo	
Nature of Death	Medi	ical Natural Accide	ent Murder	Suicide		
ause of Death						
lature of Illness	and Habit of the	e insured		Date of d	iagnosis of illness	
Hypertension	Diabete	es Heart disease	Liver disease			
Kidney diseas	e Cancer	Other		_		
Smoking	Tobacc	o Drugs If yes, Duration	of Consumption		& Quantity Consumed	
Other Insurance	details: (Life/M	ediclaim/Health)				
Policy	No.	Company Name	Sum Assured	Status (Active/Lapsed/Ap	pplied/Matured)	
DETAILS OF CL	AIMANT					
	Mr. Ms.	F I R S T	M I D D L	E	L A S T	
laimant Name:		<u>F I R S T</u>	M I D D L	Е	L A S T	
laimant Name: late of Birth:	D D M M Y	/ Y Y Y		E	L A S T	
laimant Name: late of Birth:		(	L A S T		L A S T	
Claimant Name: Date of Birth:	D D M M Y	(	L A S T	A M E / N O	L A S T	
laimant Name: Pate of Birth:	D D M M Y F I R S 1	(	L A S T R O A D N	A M E / N O	L A S T	
laimant Name: Pate of Birth:	D D M M Y F I R S T B U I L C	7 Y Y Y O I N G	L A S T R O A D N L A N D M	A M E / N O	L A S T	
laimant Name: ate of Birth: ddress:	D D M M Y F I R S T B U I L C	(	L A S T R O A D N L A N D M	A M E / N O	L A S T	
laimant Name: ate of Birth: ddress: incode:	D D M M Y  F I R S T  B U I L C  C I T Y	(	L A S T R O A D N L A N D M	A M E / N O A R K	L A S T	
laimant Name: ate of Birth: ddress: incode: ontact No.:	D D M M Y F I R S T B U I L C C I T Y D I S T	(	L A S T  R O A D N  L A N D M	A M E / N O A R K		
laimant Name: late of Birth: ddress: incode: ontact No.:  ffice & / or Perso	D D M M Y F I R S T B U I L C C I T Y D I S T	(	L A S T  R O A D N  L A N D M	A M E / N O A R K C E M C	B I L E	
Claimant Name: Date of Birth: Address: Contact No.: Office & / or Perso Relation with the L	D D M M Y F I R S T B U I L C C I T Y D I S T	(	L A S T R O A D N L A N D M T E R E S I D E N	A M E / N O A R K  C E M C	B I L E	
Claimant Name: Date of Birth: Address: Pincode: Contact No.: Office & / or Person	D D M M Y F I R S T B U I L D C I T Y D I S T  nal Email ID: .ife Assured:	Y Y Y Y  T  D I N G  ( / V I L L A G E  T R I C T S T A  E I C E  Spouse Children [ Executor Trustee	L A S T  R O A D N  L A N D M  T E  R E S I D E N  Parents  Others _  Appointee  Emp	A M E / N O A R K  C E M C	B I L E	
laimant Name: late of Birth: ddress: incode: ontact No.: office & / or Persolelation with the L laimant's Title:	D D M M Y F I R S T B U I L C  C I T Y D I S T  nal Email ID: ife Assured:  Nominee tails:	Y Y Y Y  T  D I N G  ( / V I L L A G E  T R I C T S T A  E I C E  Spouse Children [ Executor Trustee	L A S T R O A D N L A N D M T E R E S I D E N	A M E / N O A R K  C E M C	B I L E	

# **CLAIMANT NEFT MANDATE/ BANK ACCOUNT DETAILS** In case of children's plans, if beneficiary is a major, please provide beneficiary's account details IFSC Code (11Characters) Bank Account No.: Account Holder Name: Bank Name & Branch: Account Holder's Name Account Type Savings Current NRO NRE MICR Code (9 Characters) #524000F \$4524000 N 045504F 31 **PAYMENT OPTION DETAILS\*** Please indicate how would you like to receive the benefits. Lump sum Amount Instalment (Applicable as per product features) NOTE: CLAIMANT NEET 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: D D M M Y Y Y Y Place \_\_\_ 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: D D M M Y Y Y Y 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

#### **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**

Branch Name: Interaction ID:

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)		
Passport	Letter issued by the Unique Identification Authority of India or	
Voter's Identity Card issued by Election Commission of India	National Population Register containing details of name, address and Aadhaar number.	
Driving License		
Aadhaar Card		
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 so tion, UIDAI may share with BALIC my/our demographic information (including photograph), for Identity and address proof 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 or used for any purpose other than mentioned above, or as per requirements of law, and ("I/We hereby declare/confirm that all the information voluntarily furnished by me/us are responsible in case of any incorrect information provided by me/us. The above terms of 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 electronic Aadhaar xml to establish its genuineness through Quick Response (QR) code as per UIDAI	raph) to BALIC and I/We voluntarily give my/our consent to BALIC to use fiverification (Know Your Customer), in connection with processing this if identification apart from Aadhaar, (b) Aadhaar information shall not be (c) My/our Biometric details will not be stored by BALIC.\n" e true, correct and complete. I/We will not hold BALIC or any of its officials of consent and purpose of collecting Aadhaar has been sical copy of Aadhaar card/physical e-Aadhaar / masked Aadhaar/ offline	

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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# **FOR OFFICIAL USE ONLY**

\_\_ Branch Code:

Employee Name:	
Employee Code:	Sign:
	Time: On or Before 3PM After 3PM
CUSTOMER ACKNOWLEDGEMEN	T COPY-INDIVIDUAL DEATH CLAIM FORM
Policy No.	Claimant Name
Branch Name / Interaction ID	Claimant Client ID
Employee Name	Date
Employee Sign	Employee Code

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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