

Bajaj Allianz Life Insurance Death Claim Form

Please accept our condolences on your untimely loss. We understand that this is a difficult time for you and it is our responsibility to offer you the best support in this hour of need. This Death Claim Application form is designed to help you file your claim quickly and easily. Please return this form duly filled and signed with appropriate documents and follow below instructions to help us settle your claim faster.

Important Information

- Claims under multiple policies may be registered by filling a single form & providing all applicable policy numbers.
- Claim is payable subject to the policy being in force on the date of event and fulfilment of all terms and conditions of the policy.
- If there is more than one claimant, separate forms need to be filled for each of the claimant.
- This form needs to be witnessed by any of the following (1) Bajaj Allianz Life Agent (2) Sales Manager/ Office Head of Bajaj Allianz Life (3) Block Development Officer (4) A bank manager of a nationalized bank with rubber stamp (5) An officer of Bajaj Allianz Life company not below the rank of a manager (6) A Gazetted Officer (7) A Head Master / Principal of Govt. School (8) A Magistrate.
- Please read the declarations carefully and sign the claim form in the same manner as you would normally sign your cheques. Your signature would be used to verify the requests you give us in the future.

How to Complete Your Form

All fields in the claim form should be filled by the claimant in BLOCK letters.

Section A – This section seeks information about the claimant:

- Please make sure that your current address and mobile number is mentioned, as we would do all the claims communication on this address and mobile number only, please provide your email-id in case you have one;
- Please mention your complete bank account details; and
- Please attach a NEFT Form attested by bank or a copy of cancelled cheque/bank account passbook to enable us to transfer the claim proceeds directly to your account subject to the claim being payable as per the terms and conditions of the policy.

Section B – This section seeks information about the Life Insured:

- Please mention the cause, date and time of death of the Life Insured;
- Please mention the names, addresses and telephone numbers of all doctors, hospitals or other medical sources who treated Life Insured during the last illness/accident and over the last three (3) years. If necessary, please attach additional sheets; and
- Please provide details of all life insurance policies of the Life Insured, with insurance companies other than Bajaj Allianz Life Insurance.

You need to submit the following documents along with this claim form (Please tick appropriate boxes to indicate documents that have been submitted) – [Marked with* are mandatory documents]

1) *Original / Attested Copy of Death Certificate issued by local authorities

2) *Original Policy Document(s)

3) *Attested copy of your identity proof (any one of the below- specifying your complete date of birth)

- PAN Card
 Aadhaar Card
 Voter ID Card
 Valid Passport
 Valid Driving License
 Others (please specify) _____

4) *Bank details (any one of the below)

- Cancelled cheque with printed name and account details of Claimant
 Attested passbook copy of bank
 NEFT form attested by bank

Additional documents in case of Suicide / Accident - (FIR and Post Mortem Report is mandatory)

- *FIR
 Panchanama
 *Post Mortem Report
 Copy of Driving License
 News paper cutting (if any)
 Inquest report
 Final Police Investigation report

In case of Medical cause of death (Hospitalization / Non-Hospitalization) below documents are required

- Medical cause of death certificate
 Attendant Physician Statement form (FORM to be filled by last attending doctor)
 All Medical records (diagnosis, treatment and discharge/death summary) – if applicable

DEATH CLAIM FORM

Bajaj Allianz Life Policy No.(s)

Claim form is submitted through: Bajaj Allianz Life Agent Bajaj Allianz Life Office Bank Branch Others

Declaration: I/We the claimant(s) do solemnly declare that the below answers and statements are true in all respects and further agree that the furnishing of this form, or any other form, or any other form supplemental thereto, to the company shall not constitute an admission by the company that there was any insurance in force on the life in question or a waiver of any rights or defence.

Section A: Please tell us about yourself (claimant) - [Marked with * are mandatory fields]

*Name: _____ *Date of Birth: *Gender M F

*Relationship with deceased life insured: Spouse Children Parents Others Please Specify _____

*Current Correspondence Address: _____

State: _____ Pin Code:

*Contact No: Email ID: _____

PAN No: Aadhar No:

*Bank A/C No.: *Bank Branch Name & Address _____

MICR Code: *IFSC Code:

Section B : Please tell us about the deceased Life Insured - [Marked with * are mandatory fields]

*Name: _____ * Age on Death: years

*Last Occupation: _____ Last Employer details (If applicable) _____

*Date of Death: *Time of Death

*Cause of Death: Medical Accident Suicide Murder

*Nature of illness/accident _____ *Date of Diagnosis/accident:

*Place of death: Hospital / Clinic Residence Office Others (please specify) _____

*Please tell us details of the doctors who treated Life Insured during his/ her last illness/accident and/or during last 3 years:

Name of Doctor / Hospital	Contact details	Date of first consultation	Treatment taken

In case deceased life assured was insured with other life insurance companies, please provide details*:

Name of Company	Policy Number	Policy Amount	Policy Issue Date	Claim Status

DEATH CLAIM FORM

Authorization (To be signed by the claimant)

In order to process your claim, additional documents may be required from different authorities. By signing this authorization, you give Bajaj Allianz Life Insurance Co. Ltd. and/or its representatives the right to obtain the documents required on your behalf.

To,

Bajaj Life Policy Number (s)

I, Mr./ Ms. _____ (name), _____ (relation) of Mr. Ms. _____ (name of the Life Insured) hereby give my consent to Bajaj Allianz Life Insurance Co.Ltd., and/or its representative to obtain Original or photocopies of employment / medical / govt. / pvt. Hospital records / other records / information necessary to process the claim

Yours faithfully,

Signature / Left thumb impression of Claimant

Signature of Witness /Declarant

Name of Claimant _____

Name & address _____

Place: _____

Place: _____

Date:

Date:

For branch office use only

Date: Before 3.00 pm After 3.00 pm

Name & Mobile No. of GO Ops person: _____

Stamp

Contact details _____

Signature: