

Claimant Statement

PARTICULARS OF INSURED

MPH Number: Master Policy Name:
Name of the Deceased Member: Membership No.:
Sex: Male/ Female Sum Assured: (Rs.) Occupation/Main Duties:

DETAILS OF DEATH

Date of Death: DD / MM / YYYY Date of Accident (If applicable): DD / MM / YYYY
Cause of Death: Heart Attack/ Accident/ Cancer/ Hypertension/ Diabetes/ Chronic Renal Failure/ Brain Haemorrhage/ Suicide/ Others -

EMPLOYERS VERIFICATION (applicable to employer – employee schemes only)

Employee No: Is the Deceased cover under the Scheme: Yes/ No
Date of Joining the Organisation: DD / MM / YYYY Last day of attendance to his / her usual: DD / MM / YYYY
Was the employee actively employed on the date of death: Yes/ No

PARTICULARS OF CLAIMANT

Claimant Name: Relationship with Member:

RECEIPT OF DISCHARGE FROM NOMINEE/ BENEFICIARY/ PAYEE

We hereby provide discharge in favour of (MPH name) towards the receipt of Rs. /- being the Death claim benefit for Mr. /Ms. Membership No.: in full & final settlement of the death claim under the Master Policy No.

We understand and acknowledge that we would receive the residual claim amount after adjustment of any dues of Mr. /Ms. (Member name) to MPH. In case of no adjustments then the claim amount would be received by us from the. (MPH name).

Place: Date: DD / MM / YYYY
Signature/ thumb impression of the Nominee/ Beneficiary/ Payee
On the Revenue Stamp

MASTER POLICY HOLDER DECLARATION

We hereby declare that after adjustment of any dues of Mr. /Ms. (Member name) the residual claim amount will be paid in favour of nominee/beneficiary/payee.

In case of no adjustments then the entire claim amount will be paid in favour of nominee/beneficiary/payee. Bajaj Allianz Life Insurance Co. Ltd. will not be involved in any complaints or disputes with regard to claim payment after claim settlement is done by the insurer

Place: Date: DD / MM / YYYY
Signature of the MPH Representative with Seal of the MPH

Name of the MPH Representative:

Document Checklist:

- Claimant's Statement
- Original Death Certificate
- Post mortem report duly certified (In cases of Accidental death)
- Police report for accident (In cases of Accidental death)

NOTE:
This printed form is issued on receipt of notice of death claim and liability. Acceptance of forms does not amount to admission of claim. All Payments shall be made according to terms and conditions of the policy. The company retains right to call for further evidence needed to process the claim and to entertain or repudiate the claim.