

Bajaj Allianz General Insurance Co. Ltd. Regd. & Head Office: GE Plaza, Airport Road, Yerawada, Pune 411 006 Email id: customercare@bajajallianz.co.in Toll free no: 1800-209-5858 Land line number:-020-30305858

(To be filled in block Letters)

	CLAIM FORM FOR GROUP PERSONA													LA	C	CIE	DEN	IT F	0	LIC	IES														
	Policy No.																																		
	Claim No.																																		
	Corporate Name																																		
	Address of the Unit/ Location.																																		
	Policy issued Name or Unnam	ed b	asis	s 🗌	Nan	ned		Unn	ame	d																									
	Please confirm if insured with any other Insurance or Offices granting compensation for accide If Yes Kindly provide name of insurance company and policy number and Sum Insured											iden	t?																						
	Insured / Proposer Details																																		
1	Name of the Insured/ Proposer					1																													
2	Profession or Occupation																																		
3	Employee Number																				Em	ploy	/ee l	Date	of Jo	oinin	g	D	D	М	М	Y	Y	Y	Y
4	Name of the insured person died/injured in the accident																																		
5	Relationship With Employee/ Proposer																																		
6	Address of the Insured																																		
	House No.																		Area	9															
	City																		State	e															
	Pin code								Со	ntact	: Nu	mber	• [																						
	E-Mail ID:																																		
	Aadhar Card Number /UID:														PAN	Card	Nu	mb	er																
7	Claims under Which Benefits	(Tic	k a	gain	st the	e be	enefi	t)																											
	Death Permanen	t Par					_			ent To		Disab	-	-	1			ry T	otal		-							•	taliza	ition	I		Hos	pital	Cash
	Medical Expenses Others (Please Specify)		Cl	hildre	en Ed	uca	tion	Boni	us		Tra	anspo	ortat	ion /	/ Am	bula	nce		[		Buria	I Ex	pen	ises	Mo	rtail	Ren	nair	15						
8	Date and Time of the Accide	nt															D D M M Y Y Y																		
	Where did it happened / Loo	atio	n																																
	Where did it happened / Loo	atio	n																																
	Final Ailment																																		
9	Whether Accident Reported to Police?										Yes No																								
	If Yes Please confirm FIR / MLC (Details) MLC report and Police FIR attached											Yes No																							
10	Is there any Accidental Hospitalization? If Yes Please confirm Date of admission and Date of Discharged									Date of Admission         Date of Discharge           D         D         M         Y         Y         D         D         M         Y         Y         Y																									
11	Name of the Hospital																																		
	Address of the Hospital																																		

12	Name of the Treating Doctor	
	Address of the Treating Doctor	
	Contact details of the Treating Doctor	

13 In case death of insured, please mention Date of Death

D D M M Y Y Y Y

14	In case of Death , if beneficiary is Employee , Please provide the Nominee Details:	
	a) Address of Nominee	
	b) Contact Details of nominee	
	c) Aadhar Card / UID Details of Nominee	
	d) PAN Card Details of Nominee	
15	Permanent Total Disability/Permanent Partial Disability/Temporary Total Disability Medical Certificate from Treating Doctor Mandatory as same attached in the Claim Form	

In Support of the claim, I enclosed the below tick documents along with the claim form.

Claim form duly filled and signed by the insured /Claimant.       Death:         Beneficiary. Corporate/Employee       Attested copy of Death certificate         Completely filled NET details stating Branch.       Attested copy of Not Mortem Report         Attested copy of Not Mortem Report       Attested copy of Not Mortem Report         Chaimant, With original pre printed cancel.       Hospitalization documents, if any         Claimant, With original pre printed cancel.       Incase of Death if Nominee is not defined on the policy copy then we will require the below documents         Idealy histories       Incase of Death if Nominee is not defined on the policy copy then we will require the below documents         Idealy histories       Incase of Death if Nominee is not defined on the policy copy then we will require the below documents         Idealy histories       Incase of Death if Nominee is not defined on the policy copy then we will require the below documents         Idealy histories       Incase of Unnamed Policy we will require         Adhar Card & Pancard details of Nominee'       Duly filled Medical Certificate attached in the Croup Personal Accident Claim Form.         Aray films and saide by the employer (for Confirmation of Total Number Of Employee on Roll at the time of Accident.       Premanent Total Disability and Permanent Parial Disability and Permanent Parial Disability of the saured.         In case of Unnamed Policy Kindly provide the attendance record/Roll from the Employer of Norbigraph of the patient before and after the accident to support	Common Documents for Group Perso	onal Accident. Bei	nefits.									
insured / Caimant.       Attested copy of Deathcertificate         Beneficiary Name against the Policy and NET       Attested copy of Post More Report         Completely filed NET details stating Branch, Branch ISC Code, Account type, Complete Pointed cancel copy of Post More Report       Attested copy of Post More Report         Caimant with original pre-printed cancel copy of Eost More Report       In case of Death IN Kominee is not defined on the policy copy then we will require the below documents         Claimant with original pre-printed cancel       Eoga Bank Pass Book/         Claimant with original pre-printed cancel       Eoga Bank Pass Book/         Additional Carl & Pancard details of Nominee /       In Name of Bank Pass Book/         Adata Card & Pancard details of Nominee /       Duly filed Medical Certificate attached in the Group Personal Accident Claim Form.         Named Painter Carl & Pancard details of Nominee /       Duly filed Medical Certificate attached in the Group Personal Accident Claim Form.         Named Painter Carl & Pancard details of Nominee /       Duly filed Medical Certificate attached in the Group Personal Accident Claim Form.         Named Painter Carl & Pancard details of Nominee /       Duly filed Medical Certificate attached in the Group Personal Accident Claim Form.         Named Policy we will require the policy for Salary Commensuration.       X-ray films /Investigation reports supporting the diagnosis.         In case of Unnamed Policy Kindly provide the attendance record/Roll from the Employeer       All the consul	Claim form duly filled and si	igned by the De	Death:									
Details of Beneficiary: Corporate/Employee       Attested copy of Post Mortem Report         Completely filled NETF details stating Branch, Branch IFSC Code, Account Nype, Complete Account Number duly signed by Nominer/ Claimant with original pre-printed chaque is not available Kindly provide 1st Page of Bank Pass Book/ Bank statement Attested by the Bank Which Claimant With original PSC code, Alf Fields in th form are mandatory to process).       A attested copy of Viscera (Chemical analysis Report if any Hospital case Beneficary Name & Complete Account no as well IFSC code, Alf Fields in th form are mandatory to process).         Addrar Card & Pancard details of Nominer Claimant.       IN coase of Unnamed Policy we will require Salary Silp at the time of issuance of the policy for Salary Commensuration.         In case of Unnamed Policy we will require Salary Silp at the time of issuance of the policy for Salary Cifkourt Meenton.       X-ray films /Investigation reports supporting the diagnosis.         Permanent Portial Disability and Permanent Total Disability cartificate from the Government authority certifying the disability of the insured.       Photograph of the patient before and after the accident to support the disability.         In case of Unnamed Policy Windly provide the attendance record/Roll from the Employee Confirmation of Total Number Of Employee On Roll at The Time Of Accident.       Photograph of the patient before and after the accident to support the disability.         In case of Unnamed Policy with we are attendance record/Roll from the Employee Confirmation of Total Number Of Employee On Roll at the Time Of Accident.       Name Scompleter Photograph of the patient before and after the accident to support the disability, disability period a			Attested copy of Death certificate									
Completely filled NET deals stating Branch       Attacked copy of Viscer (Chemical analysis Report if any         Branch IFSC Code, Account type, Completed       Attacked copy of Viscer (Chemical analysis Report if any         Account Number dui signed by Nominee'       Incase of Death if Nominee is not addined on the policy copy then we will require the below documents         Legal heir certificate containing affidavit and indemnity bond on 2001NR (As per attached format). The same should beduly signed by all legal heirs, notarized.         In case of Unnamed Policy We will require       Duly filled Medical Certificate actached in the Group Personal Accident Claim Form.         X-ary fillary Gommensuration.       In case of Unnamed Policy Kindly provide that attendance record/Roll from the Employer (For Confirmation of Total Number of Employer duly signed and sealed by the employer.         Accidental Hospitalization:       Original Discharge Summary.         Original Discharge Summary.       Althe consultation Papers with details of reatment during TTD period.         Final medical finces certificate from the school authorities stating that child of the insured attendance explice that the ducation papers with details of reatment during TTD period.         Final medical finces certificate from the school authorities stating that child of the insured attendance form reating dub stating the case of the policy.         Addon Cover:       Addon Cover:         Confirmation Papers       In case of Death if Numerice is a supporting the diagnosis.         Investigation Reports supporting the diagnosis	Beneficiary Name against the Po		Attested copy of FIR / Panchanama / Inquest									
Branch IFSC Code, Account type, Complete       Interstetunity bior for the policy point point policy point the policy point point policy pol	Details of Beneficiary: Corporate	/Employee	Attested copy of Post Mortem Report									
Account Number duly signed by Nomine /       Incase of Death if Mominee's not defined on the policy copy then we will require the below documents         Claimant with original previote 1st Prage of Bank Mink       Legal heir certificate containing affidavit and indemnity bond on 200 INR (As per attached format). The same should be duly signed by all legal heirs, notarized.         Bank statement Attested by the Bank which clearly indicates Beneficiary Name & Compitet Account to as well IFSC code (All Fields integrame and atory to process).       If Nominee's minor then we will require Decree Certificate from Court stating the guardian of the insured Account to as well IFSC code (All Fields integrame).         Adahar Card & Pancard details of Nominee /       Duly filled Medical Certificate attached in the Croup Personal Accident Claim Form.         Stary Slip at the time of issuance of the policy commensuation.       Permanent Total Disability and Permanent Partial Disability Certificate from the Government authority certifying the disability.         In case of Unnamed Policy Kindly provide the attendance record/Roll from the Employer (for Confirmation of Total Number of Employees On Roll at the Time Of Accident.       Photograph of the patient before and after the accident to support the disability.         Adithe previous Consultation Papers       Duly filled Medical Certificate from treating doctor stating the type of disability period and declaration that patients fits to resume his duty on given date.         Accidental Hospitalization:       Premanent Star Disability:       Temporary Total Disability:         Original Discharge Summary.       All the previous Consultation Papers <td></td> <td></td> <td>Attested copy of Viscera / Chemical analysis Report if any</td>			Attested copy of Viscera / Chemical analysis Report if any									
Claimant with original pre-printed cancel       In case of Death if Nomineeis not defined on the policy copy then we will require the below documents         Chapter if pre-printed chapter and the containing affidavit and indemnity bond on 200 INR (As per attached format). The same should be duly signed by all legal heir certificate containing affidavit and indemnity bond on 200 INR (As per attached format). The same should be duly signed by all legal heir certificate containing affidavit and indemnity bond on 200 INR (As per attached format). The same should be duly signed by all legal heir certificate containing affidavit and indemnity bond on 200 INR (As per attached format). The same should be duly signed by all legal heirs, notarized.         If Nominee is minor then we will require Decree Certificate from Court stating the guardian of the insured       Permanent Total Disability and Permanent Total Disability:         Claimant.       If Nominee is minor then we will require the forw personal Accident Claim Form.         Stary Sip at the time of susance of the policy for Salary Commensuration.       X-ray films /Investigation reports supporting the diagnosis.         Permanent Total Disability and Permanent Partial Disability.       Photograph of the patient before and after the accident to support the disability.         In case of Unnamed Policy Kindly provide the attendance record/Roll from the Employer Confirmation of Total Number of Employee On Roll at The Time Of Accident.       Permanent Total Disability:         Accidental Hospitalization:       Duly filled Medical Certificate attached in the Group Personal Accident Claim Form         In vestigation Reports supporting the diagnosis.       Nith			Hospitalization documents, if any									
Kindly provide 1 st Page of Bank Pass Book/ Bank statement Attested by the Bank which is present by the Bank which Bank which is present by the Bank which Bank	Claimant with original pre p	rinted cancel	In case of Death if Nominee is not defined on the policy copy then we will require the below documents									
clearly indicates Beneficiary Name & Complete Account no as well IFSC code, (All Fields in the form are mandatory to process).       In clearly indicates Beneficiary Name & Complete Account no as well IFSC code, (All Fields in the form are mandatory to process).       Permanent Partial Disability:         Adahar Card & Pancard details of Nomine / Claimant.       Duly filled Medical Certificate attached in the Group Personal Accident Claim Form.         X-ray films/Investigation reports supporting the diagnosis.       Permanent Total Disability and Permanent Partial Disability Certificate from the Government authority certifying the disability of the insured.         In case of Unnamed Policy we will require Salary Sip at the time of issuance of the policy for Salary Commensuration.       N-ray films/Investigation reports supporting the diagnosis.         In case of Unnamed Policy Kindly provide the attendance record/Roll from the Employer duly signed and sealed by the employer (for Confirmation of Total Number Of Employers On Roll at The Time Of Accident.       Temporary Total Disability:         Accidental Hospitalization:       Duly filled Medical Certificate from employer stating the exact leave period, duly signed and sealed by the employer.         All the previous Consultation Papers       N-ray films / Investigation Reports supporting the diagnosis.         Original Pinal Bill with detailed bill break upanet Paid Receipts       N-ray films / Investigation Bills         Original Pharmacy and Investigation Bills       In Case of Death and PTD, Kindly provide bonafide certificate from the school authorities stating that child of the insured is studying over there. (Mentioning - Name,	cheque if pre-printed cheque is Kindly provide 1st Page of Bar	s not available										
form are mandatory to process).       Permanent Partial Disability and Permanent Total Disability:         Adhar Card & Pancard details of Nominee / Claimant.       Duly filled Medical Certificate attached in the Group Personal Accident Claim Form.         In case of Unnamed Policy we will require Salary Slip at the time of issuance of the policy for 5alary Commensuration.       Permanent Total Disability and Permanent Partial Disability Certificate from the Government authority certifying the disability of the insured.         In case of Unnamed Policy Kindly provide the attendance record/Roll from the Employer Confirmation of Total Number Of Employer On Roll at The Time Of Accident.       Photograph of the patient before and after the accident to support the disability.         Accidental Hospitalization:       Duly filled Medical Certificate attached in the Group Personal Accident Claim Form         Original Discharge Summary.       All the consultation Papers         Investigation Reports supporting the diagnosis.       X-ray films /Investigation reports supporting the diagnosis.         Operation Theatre Notes       X-ray films /Investigation neports supporting the diagnosis.         Original Pharmacy and Investigation Bills       Burial Expenses & Transportation Expenses: Doriginal Pharmacy and Investigation Bills         Burial Expenses & Transportation Expenses: Doriginal Pharmacy and Investigation Bills       Original Pharmacy and Investigation Bills	clearly indicates Beneficiary Nam	ne & Complete	If Nominee is minor then we will require Decree Certificate from Court stating the guardian of the insured									
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Confirmation of Total Number Of Employees On Roll at The Time Of Accident.       Duly filled Medical Certificate attached in the Group Personal Accident Claim Form         Accidental Hospitalization:       Leave certificate from employer stating the exact leave period, duly signed and sealed by the employer.         All the consultation papers with details of treatment during TTD period.       Final medical fitness certificate from treating doctor stating the type of disability, disability period and declaration that patient is fit to resume his duty on given date.         All the previous Consultation Papers       X-ray films /Investigation reports supporting the diagnosis.         Operation Theatre Notes       X-ray films of Death and PTD, Kindly provide bonafide certificate from the school authorities stating that child of the insured is studying over there. (Mentioning - Name, S/D/o, Date of Birth and Class) School Identity Card.         Burial Expenses & Transportation Expenses:       Original Paid Receipts         Original Pharmacy and Investigation Bills       Hospital Cash Expenses:	attendance record/Roll from											
On Roll at The Time Of Accident. <ul> <li>Dary interfactor transact entrated ent</li></ul>												
Accidental Hospitalization: <ul> <li>All the consultation papers with details of treatment during TTD period.</li> <li>Final medical fitness certificate from treating doctor stating the type of disability, disability period and declaration that patient is fit to resume his duty on given date.</li> <li>All the previous Consultation Papers</li> <li>Investigation Reports supporting the diagnosis.</li> <li>Operation Theatre Notes</li> <li>Original Final Bill with detailed bill break up and Paid Receipts</li> <li>Original Pharmacy and Investigation Bills</li> <li>Hospital Cash Expenses:</li> <li>Original Pial Bill and Discharge Summary.</li> </ul>												
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<ul> <li>Original Discharge Summary.</li> <li>All the previous Consultation Papers</li> <li>In vestigation Reports supporting the diagnosis.</li> <li>Operation Theatre Notes</li> <li>Original Final Bill with detailed bill break up and Paid Receipts</li> <li>Original Pharmacy and Investigation Bills</li> <li>Hospital Cash Expenses:</li> <li>Copy of Final Bill and Discharge Summary.</li> </ul>	Accidental Hospitalization:											
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<ul> <li>Original Pharmacy and Investigation Bills</li> <li>Original Pharmacy and Investigation Bills</li> <li>Burial Expenses &amp; Transportation Expenses:         <ul> <li>Original Pharmacy and Investigation Bills</li> <li>Burial Expenses &amp; Transportation Expenses:</li> <li>Original Pharmacy and Investigation Bills</li> </ul> </li> </ul>	Operation Theatre Notes	Ch	ildren Education Bonus:									
Burial Expenses & Transportation Expenses:         Original Paid Receipts         Hospital Cash Expenses:         Copy of Final Bill and Discharge Summary.		ll break up and										
<ul> <li>Original Paid Receipts</li> <li>Hospital Cash Expenses:</li> <li>Copy of Final Bill and Discharge Summary.</li> </ul>	Original Pharmacy and Investiga	tion Bills										
Hospital Cash Expenses:		Bu										
Copy of Final Bill and Discharge Summary.			Unginal Palo Receipts									
Copy of Final Bill and Discharge Summary.		Ца	Hospital Cash Expanses									
Investigation reports toward diagnosis.			Investigation reports toward diagnosis.									

(Submiss	DETAILS OF PRIMARY INSURED'S BANK ACCOUNT (Submission of Cancelled Blank Cheque Leaf with Payee Name Printed OR Copy of the First page of the Bank Passbook is Mandatory)																						
Name of the Account Holder (As per Bank Account)																							
Bank Account No (As per appearing in the cheque book):																							
Bank Name:																							
Bank Branch Address:																							
IFSC Code:														М	ICR (	Code	:						
Account Type: 🗌 Saving 🔲 Current 🔲 Cash Credit																							

Current Cash Credit

I hereby declare that the information furnished in this claim form is true & correct to the best of my knowledge and belief. If I have made any false or untrue statement, suppression or concealment of any material fact with respect to questions asked in relation to this claim, my right to claim reimbursement shall be forfeited. I also consent & authorize Bajaj Allianz General Insurance Company Limited, to seek necessary medical information / documents from any hospital / Medical Practitioner who has attended on the person against whom this claim is made. I hereby declare that I have included all the bills / receipts for the purpose of this claim.

Witness:

Witness Name: \_\_\_\_

Date: D D M M Y Y Y Y

Signature of the Witness

Signature of the HR officer of Unit / Location

Name of Claimant / Proposer: \_\_\_\_

Name of Claimant / Proposer:

MEDICAL CERTIFICATE

(Claim must be supported by the Medical Evidence furnished by the Insured at his/her expense)

1 (a)	Name of Claimant	
(b)	Age / Gender	
2(a)	Type of disability	<ul> <li>Permanent Total Disability</li> <li>Permanent Partial Disability</li> <li>Temporary Total Disability</li> </ul>
	Date and Circumstances of Injury stating diagnosis and details of Injury	
	Date on which you first attended claimant for this injury	
	If Injury give cause	<ul> <li>Self-inflicted</li> <li>Assault</li> <li>Road Traffic Accident</li> <li>Substance Abuse /Alcohol Influence</li> <li>Others (Please Specify)</li> </ul>
	If Medico legal Done : If Reported to Police:	Yes         No           Yes         No
	Extent of Disablement for Permanent Total Disability and Permanent Partial Disability as per Extraordinary Gazette Notification issued by Ministry of Social Justice & Empowerment, GOI, Part II, Sec. 1, June 13, 2001	Date Of Injury :- Disability % :-
	Period of Temporary Total disablement (From Date of Injury to Fit to resume his Duty Date.	Date of Injury: Fit to resume his Duty Date on: No of Days
	Is claimant suffering from any disease or illness apart from his injury and is there any illness by circumstances which may tend to retard recovery? If so, give particulars	
	Present State of Incapacity	Fit Disable

Having personally examined the above named Insured, I certify that the above statements are correct and that the injured person is necessarily disabled by the accident referred to.

Name of the Doctor \_

Qualification & Registration Number: \_\_\_\_\_

Address: \_

Seal and Signature