

**GROUP PERSONAL ACCIDENT INSURANCE****CLAIM FORM**

Policy No		Claim No.	
		Date of registration	
Regional/Branch Office Code			
Broker/Agent			Code

1. Name of the Insured			
2. Customer ID			
3. Address of the Insured	Plot No/Door No.		Building name
	Road		
	Area		
	City		Pin code
	State		
	Phone No.		
	E-mail Id		
4. Profession or Occupation			
<b>Policy details</b>			
Sum Insured	Table of Cover		
5. a) Name of the insured person died/ injured in the accident b) Relationship with the employee/ member c) Employee/member identification no.	Self/Spouse/Children		
6. a) Date of the Accident b) Time of the Accident c) Where it happened? d) Name & Address of the Witness			
7. How did the Accident occur?			
8. Nature of Injury received (if to limb or Eye state whether right or left)			

<p>9. a) Nature of disablement</p> <p>b) Extent of disablement</p> <p>c) Period of temporary total disablement</p> <p>d) Present state of incapacity</p>	<p>(From.....to.....)</p>
<p>10. Name and address of Surgeon in attendance</p>	
<p>11. Where and when can a Medical Officer of our Company visit you, if necessary?</p>	
<p>12. a) Are you insured in any other Office or Offices granting compensation for accident?</p> <p>b) If so state name and address of company or Companies and amount of Insurance</p>	

I/We hereby declare that the foregoing statements are true in all respects and that I/We have not attempted to conceal from the company anything with which it ought to be made acquainted and also that if I/We have made or in any further declaration the Company may require shall make any false or fraudulent statement or any suppression, concealment or untrue averment whatever, the Policy shall be void and my/our right to compensation forfeited and am/are willing if required, to make a statutory Declaration before a Justice of the Peace of the truth of the whole of the foregoing statement or any other statement I/We may make in connection with this claim.

Witness: Name.....  
Signature .....

Signature of the Insured.....

Date .....

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## **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
  
1. a) Nature and cause of Accident
  - b) If to eye or limb, state left or right
  - c) Whether the appearance of the injuries are consistent with the account given of the accident
  
2. Date on which you first attended claimant for this injury
  
3. Has claimant been totally prevented from attending to any portion of his business? If so for how long?
  
4. 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
  
5. Present condition
  
6. How long from the happening of the Accident do you consider
  - a) Total disablement will last
  - b) Partial disablement will last

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.

Signature:

Name:

Qualification:

Address:

**Mandate Form for Electronic Transfer of Claim Payments**

<b>To</b> <b>Bajaj Allianz General Insurance Company Ltd</b>	<b>Office Code &amp; Name</b> : <b>i-track Number</b> :
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Partner ID (To be filled by Office): 

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Full Name: Shri / Smt / Kum / M/s \_\_\_\_\_  
(As appears in your bank account)

Full Address: \_\_\_\_\_

Contact / Mobile No: \_\_\_\_\_ PIN Code: \_\_\_\_\_

\_\_\_\_\_ Email ID: \_\_\_\_\_

Bank Name:												
Branch Name & Address:												
Branch Tel No & Contact No:												
Branch IFSC Code for NEFT												
Branch MICR Code												
Name of the Account Holder : (As per Bank Account)												
Account Type		Savings				Current				Cash Credit		
Account No. (as appearing in the cheque book)												

I/we have read the declarations / conditions mentioned overleaf.

Place: \_\_\_\_\_ Date: \_\_\_\_\_ (Beneficiary's Signature) \_\_\_\_\_

**MANDATORY REQUIREMENT**

**PLEASE ATTACH HERE**

Cancelled blank Cheque of your bank for ensuring accuracy of name of the bank, branch name, Account number and IFSC code. If NAME OR IFSC code of the payee is not printed on the cheque leaf, please attach copy of the first page of the bank passbook also.

I have verified the documents attached with the mandate and confirm that these documents correctly belong to the Partner ID & Partner Name mentioned in the mandate. ( To be verified by superior )

Employee Code \_\_\_\_\_ Employee Name: \_\_\_\_\_ Designation \_\_\_\_\_

Place \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

## DECLARATION

- I / We hereby declare that the particulars given above are correct and complete and no blanks have been left. If the transaction is delayed or not effected at all for reason of incomplete or incorrect information I / we would not hold Bajaj Allianz General Insurance Company Limited responsible.
- I / We undertake to revoke the instruction for NEFT in the event of the business relationship expiring and or being 'terminated' and further hereby specifically authorize Bajaj Allianz General Insurance Company Limited, to do so, for me and on my behalf, in case the revocation communication is not received from me within seven days of expiry and or being termination of relationship.
- I / We further undertake to refund, at any time, any excess amount whether demanded by Bajaj Allianz General Insurance Company Limited or not, which has been credited to my account [due to any reason] by Bajaj Allianz General Insurance Company Limited, in excess of (i) the amount due to me, or (ii) in excess of amount for which I gave mandate, and or (iii) agreed rent/license fees/compensation/refundable security deposit/Commission/Claim/Refund/ Any other payment.
- I / We agree that the payment will be endeavoured to be credited starting from the date of next payment cycle and unless the Mandate is revoked by me/us issuance of relevant credit instruction for electronic payment from Bajaj Allianz General Insurance Company Limited into the aforesaid account will be valid discharge to Bajaj Allianz General Insurance Company Limited for having paid (i) the amount due to me, or (ii) in excess of amount for which I gave mandate, and or (iii) agreed rent/license fees/compensation/refundable security deposit/ Commission/Claim/Refund/ Any other payment.
- I / We further confirm that we understand this mode as a method of payment introduced by Reserve Bank of India, which provides us an option to receive the amount and or to collect our payments by electronic payment mode directly through my/our bank accounts.
- I / We further confirm that I/we understand, Bajaj Allianz General Insurance Company Limited, shall make electronic payment to my account by issuing the Payment instruction electronically through its banker to the Clearing Authority and the Clearing Authority would ensure credit to my/our specified bank account provided hereinabove.
- I / We further undertake to inform Bajaj Allianz General Insurance Company Limited with an advance notice of 6 weeks, to withdraw from this mode of electronic payment.
- I / We further confirm that Bajaj Allianz General Insurance Company Limited will have, at its sole discretion, the right to return back to the option of paying to me/us by way of cheque if there are more than 2 consecutive failures in remittances for no fault on the side of Bajaj Allianz General Insurance Company Limited.
- After Bajaj Allianz General Insurance Company Limited issuing the Payment instruction electronically through its banker, for whatever reasons, if I/we do not get the credit to my/our account, then same shall neither constitute the default in (i) Payment of amount requested by me, or (ii) Payment of amount due to me/us, or (iii) Payment of agreed rent/license fees/compensation/refundable security deposit/ commission/claim/ Refund/Any other payment by Bajaj Allianz General Insurance Company Limited nor constitute default of any terms and conditions of any agreement/MOU/ Claim/Refund/Other contract and or Lease agreement/Leave and license agreement with me/us.