
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 Life Insurance Limited 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:

- a. Claimant's Statement
- b. Original Death Certificate
- c. Post mortem report duly certified (In cases of Accidental death)
- d. Police report for accident (In cases of Accidental death)It is certified that the above information is true as per PMJJBY enrolment data and bank /post office records.

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.

Regd. & Head Office: Bajaj Insurance House, Airport Road, Yerawada, Pune - 411006. Customer Care No. 020-6712 1212