BAJAJ LIFE

LIFE GOALS. DONE.

Bajaj Life Insurance Limited - Critical Illness Claim Form

Part I Personal Details– (Please ll in the requisite information in Block Letter Only)

Policy Numbers(s): _____

Name of the Life Assured: _____

Contact No.: (O) _____ (Res) _____

(Mobile): _____ (Mobile number is preferable)

Email Id*: _____

Permanent Account Number (PAN): _____

Aadhaar Number: _____

E-Insurance Account No: _____

Please ax recent passport size photo of the Claimant

Contact details provided herein will be updated for all future communications. The above mentioned contact number will be considered as consent to communicate with me on the contact details provided herein.

Part II – NEFT Mandate

Bank Account No. : ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Account Holder Name: _____

Bank Name & Branch: _____

Account Type: ☐ Savings ☐ Current ☐ NRO ☐ NRE#

*All premium(s) paid from NRE Account: ☐ ** Proportionate premium(s) paid from NRE Account: ☐

IFSC Code^: ☐☐☐☐☐☐☐☐☐☐☐ ^11 Character code appearing on your cheque leaf

Tax declaration (except for Excess Refund, Free Look Cancellation or Withdrawal of proposal)

1. Are you a tax resident of any country other than India as per the Income-tax Act, 1961?

Yes** ☐ No* ☐

*To be ticked if you are a tax resident in India under the Income-tax Act, 1961.

**If you are a non-resident in India as per the Income Tax Act, 1961, you are mandatorily required to submit Tax Residency Certicate (TRC) with Form 10F to avail treaty benets, otherwise tax will be deducted at source at a higher rate from policy payouts. As per section 195 of the Income-tax Act, 1961, tax will be deducted at source from any payout ta non-resident at the rate applicable therein and subject to the conditions specified therein. Tax laws are subject to change.

2. Does your total taxable income for the relevant financial year (April 1 to March 31) exceed INR 1 crore?

Yes ☐ No ☐

3. Self-attested documents submitted : TRC ☐ FORM 10 F ☐

Note:

- A cancelled personalised cheque with account no. and IFSC code should be submitted along with this NEFT Mandate. Where the cheque is not personalised, a latest bank statement (not more than 3 months old) or copy of passbook (where account number and IFSC code is mentioned needs to be submitted with the mandate.
- This mandate, upon processing, will override any of the previously tagged NEFT Mandates for all policies, held by the client with Bajaj Life Insurance Limited
- In case of NEFT failure or any further requirements pending on the mandate, payout will be kept on hold till a fresh NEFT mandate is received.

  Intimation regarding the same will be sent to you.
- *Refund to NRE account (Full or Proportionate) will be subject to ratio of premium(s) paid through NRE Account. Please submit a bank statement or Bank con rmation letter as an evidence for premium(s) paid through NRE account.
- ** In case of proportionate payout, please provide two NEFT mandates i.e for NRE account and non-NRE account.

Customer Acknowledgement Copy (Critical Illness Claim)

Policy No.: _____ Policyholder Name: _____

Customer Relations Ocer: _____ Date: DD/MM/YYYY Time: _____

Branch Stamp

Declaration:

1I/We hereby declare that the particulars given above are correct. If the transaction is delayed or not effected at all for reason of incomplete or incorrect information, I/We would not hold Bajaj Life Insurance Limited or any of its associates/agents responsible. Further I agree to keep Bajaj Life indemnified against any loss caused to them due to any incorrect information provided above.

2.I/We further undertake to refund any excess amount whether demanded by Bajaj Life Insurance Limited or not, which has been credited in excess to my account at any time due to any reason.

Date: DD/MM/YYYY

Place:

SIGN HERE

Signature of Account Holder

Date: DD/MM/YYYY

Place:

SIGN HERE

Signature of Policyholder
(If policyholder is dierent from account holder)

Declaration:

I hereby authorize Bajaj Life Insurance Limited to credit to my account for the amount to be paid to me pursuant to the above claim. I hereby acknowledge and declare the receipt of all the entire amounts due and payable under the Policy above mentioned policy above towards the full and final settlement of the claim. I hereby declare that Bajaj Life Insurance Limited is discharged of all its liabilities under the said Policy. I undertake to refund any amount that is credited to my account either in excess which is not due to me, at any time, for any reason and to this effect, I confirm that particulars given here are true, correct and complete in all aspect. I understand and agree that the submission of this form does not mean that the request will be processed. I understand that any payout under the Policy shall be strictly in accordance with the Policy terms and conditions. Also, any payment shall be subjected to realisation of the last renewal premium payment. Further, I understand that the Company shall not be held responsible for any non receipt of premium on account of wrong/incorrect/incomplete information given be me in this form. If a transaction is delayed or not effected at all due to incomplete or incorrect information, I shall not hold the Company responsible in any manner whatsoever.

Date: DD/MM/YYYY

Place:

SIGN HERE

Account holder's Signature

Part III - Claim submitted for (please tick any one of the below):

1. Heart Attack	☐	2. Coronary Artery Bypass Graft Surgery (CABGS)	☐	3. Cancer	☐	7. Others (Please Specify)	
4. Stroke	☐	5. Major Organ Transplant	☐	6. Kidney Disease	☐	.....	

Please complete the following details, if space provided in the box is inadequate, please attach annexure

Part IV – Details of Illness	
A) What was the nature of the complaint and the symptoms?	
B) Please specify the treatment undertaken for the above complaint	
C) Date of rst Diagnosis of illness	
D) Exact name of the Illness diagnosed	

Details of medical investigations/consultation for past and present illness and treatments

S.No.	Name of investigation/ illness/surgery	Date of investigation/ consultation/ admission/ surgery	Name of Pathology Lab/ Treating Doctor/Surgeon	Hospital Address & Contact Number

Part V – Details of Life Assured's Habits

Substance	Forms of Consumption	Quantity
Alcohol	☐ Beer ☐ Wine ☐ Whisky ☐ Others (Please Specify)_____	Per day _____ml/bottle
Tobacco	☐ Cigaretts ☐ Bidis ☐ Chewing Tobacco	___No. of sticks or packets
Drugs	☐ Ganja ☐ Hashish ☐ Heroin ☐ Cocaine ☐ Charas ☐ Marijuana ☐ Others	___No. of sticks or packets

Were you required to be away from work due to this condition? ☐ Yes / ☐ No

If yes, please provide with details of dates and duration of time o work:_____

Part VI – Details of all other Insurance cover/claims

Name of Insurance Company	Policy Number/s	Sum Assured (INR)
Any other information you would like to provide which enable us to process: _____		

Declaration & Authorisation:

I _____ hereby declare that the statements made above are true & complete in each and every respect. I hereby authorise the hospital(s)/Doctor(s) who have examined or treated me for any ailment/illness, any laboratory where I may have undergone any investigation or tests; my employer(s), including any previous employer to provide information regarding the leave and medical assistance availed by me whether before or after the date mentioned in the form to furnish details of such ailments/illness and examination, treatment, investigation or test to the Bajaj Life Insurance Limited or such persons or agency as may be authorised by the Company. I further authorise any government agencies including police & revenue to provide information and records that may be needed by Bajaj Life Insurance Limited to process the Claim. I agree to provide and furnish any other information/reports if required by Bajaj Life Insurance Limited for processing the claim.

Date: DD/MM/YYYY Place: _____

SIGN HERE

Signature of Policyholder 1

NOTE: The declaration below is to be completed where there is more than one Claimant.

I/We, _____ and _____ do hereby direct Bajaj Life to discharge the entire amount in favour of Mr./Mrs _____, being one of the Claimants under the Policy.

Date: DD/MM/YYYY Place: _____

SIGN HERE

Signature of Policyholder 1
(In case of Joint life)

Part VII-Declaration made by third person where the Policyholder has axed his/her thumb impression/has signed in vernacular:

The Policyholder has affixed his/her thumb impression/has signed in vernacular/has not filled the application. I hereby declare that the content of this application form has been explained to the Policyholder in _____ language and have truthfully recorded the answers provided to me. I further declare that the Policyholder has signed/affixed his/her thumb impression in my presence.

Name of the Declarant: _____

Date: DD/MM/YYYY Place: _____

Address: _____

SIGN HERE

Signature of Third Person

List of documents required for claim processing	
1. Critical Illness Claim Form	Heart attack - ECG, Cardiac Injury Prole
2. Original Policy Document	CABG - Surgical Notes and Angiography Reports
3. Identity Proof	Cancer - Histopathology Report
4. Address proof	Stroke - CT- SCAN, MRI Report and Neurological Opinion
5. Cancelled Cheque leaf/Copy of Bank Passbook/Statement	Major Organ Transplant - Diagnosis of Original Report, Surgical Summary, Discharge Card
6. Any report which gives us conrmation of diagnosis	Kidney- Biopsy Report, Records of Haemodialysis

List of valid ID & Address proof – (Tick which is Applicable)	
Photo Identify Proof (any one)	Photo Identify Proof (any one)
☐ Aadhaar Card ☐ Valid Passport ☐ Valid Driving Licence	☐ Aadhaar Card ☐ Valid Passport ☐ Valid Driving Licence
☐ Voter ID Card ☐ Bank Passbook with stamped photograph	☐ Voter ID Card ☐ Bank Passbook with a stamp
☐ PAN Card ☐ ID Card issued by Central/State Govt to employees	☐ Utility Bill (Electricity/Phone bill) not more than 6 months old