Policy Number:

BAJAJ LIFE
LIFE GOALS. DONE.

Health Insurance Claim Form

Health Insurance Claim Form

All the fields herein are mandatory and the claim will not be processed if any of the details are incorrect or missing Claim Number (For Bajaj Life Insurance Limited Use Only)

Policy Related Details

Policy No: _____ Policy Start Date: _____ Policy End Date: _____

Bajaj Life Claimant ID Card No: _____

Corporate Name: _____ (Only for Group Policies)

PAN No: _____ Aadhaar No.: _____

Personal Details of Employee / Proposer

Name of the Employee/Individual _____

Employee No. (if any) _____ Date of Joining the Policy (DOJ) _____

E-mail address of the Employee/Individual _____

Contact No. (Mobile No.) _____

Claimant / Patient Details

Name of the Patient: _____

Relationship with the Employee / Proposer: Self ☐ Spouse ☐ Child ☐ Parent ☐ Others ☐

Please Specify _____

Date of Birth of Claimant: _____ Age: _____ Gender: _____

Residential Address: _____

_____

Claim Details

Total Claimed Amount in ₹ _____ Claimed Amount in words: _____

Provisional Diagnosis / Nature of Disease _____

Date of Admission _____ Date of Discharge: _____

Enclosure Check List:

Discharge Summary containing all relevant details

All Bills and their Receipts ☐

Date of Discharge ☐

All Reports & Prescriptions ☐

Certificate regarding diagnosis ☐

Please enclose a Photocopy of Bajaj Life Insurance Health ID Card.

Please attach this form to the hospital bill and other claim documents. Separate claim form required for each claim.

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Consent requirement for access to Treatment Papers/Indoor Case Sheets/ Medical Records / Investigator Visit

Dear Sir / Madam,

In order to proceed with your claim, Bajaj Life Insurance Limited may need to see your health records. Our doctors may need to review all your medical records including admission notes, treatment sheets, indoor case papers, investigation reports, prescriptions and all the other documents present in the hospital case file. This will facilitate faster processing and adjudication of your claim. You are requested to sign the authorization form below to allow Bajaj Life Insurance Limited to access the above medical records.

Authorization form for access to Treatment Papers / Indoor Case sheets / Medical records / Investigator Visit

Medical Director_____

Dear Sir / Madam,

I _____ (Name of the Patient) was admitted in your hospital from _____ to _____. I am insured with Bajaj Life Insurance Limited as per the policy details given overleaf.

I hereby authorize Bajaj Life Insurance Limited or any agency / individual authorized by them to obtain copies or review in person all my medical records including but not limited to admission notes, treatment sheets, indoor case papers, investigation reports, prescriptions and all other documents present in the hospital case file. Details related to my past hospitalizations in your hospital can also be provided / shown to Bajaj Life Insurance Limited or its authorized representatives.

Verification of the above consent can be obtained from me at _____ (Patient / Relative Phone Number)

Name of Patient / Relative: _____

Relationship with Patient: _____ Date: _____

Signature of Patient / Relative

Experience a Virtual Branch at the comfort of your home. Login to www.bajajlifeinsurance.com for accessing Bajaj Life Insurance App, our customer portal to address all your policy servicing needs.

Assuring you of our best services for all your life goal needs.

Bajaj Life Insurance Limited (Formerly known as Bajaj Allianz Life Insurance Company Limited)

Regd. Office Address: Bajaj Insurance House, Airport Road, Yerawada, Pune – 411006, IRDAI Reg.No.: 116 | CIN: U66010PN2001PLC015959 | Mail us: customercare@bajajlife.com | Call on: Customer Care Number: 020 6712 1212 | Visit: www.bajajlifeinsurance.com | The Logo of Bajaj Life Insurance Limited is provided on the basis of license given by Bajaj Finserv Ltd. to use its "Bajaj" Logo.