

HEALTH INSURANCE CLAIM FORM

ALL FIELDS IN THIS FORM ARE MANDATORY AND THE CLAIM WILL BE NOT BE PROCESSED IF ANY OF THE DETAILS ARE MISSING

Claim Number (For BAGIC Use Only) _____

POLICY DETAILS

Policy No : OG - _____

Policy Start Date : _____ Policy End Date _____

Bajaj Allianz Claimant ID Card No: _____

Corporate Name : _____ (Only for Group Policies)

PERSONAL DETAILS OF EMPLOYEE/PROPOSER

1 Name of the Employee/Individual _____

2 Employee No (if any) _____

3 Date of Joining the Policy (DOI) _____

4 E-Mail address of the Employee/Individual _____

5 Contact No (Mobile No) _____

CLAIMANT / PATIENT DETAILS

1 Name of the Patient: _____

2 Relationship with the Employee / Proposer : Self / Spouse / Child / Parent / Others – Please Specify _____

3 Date of Birth of Claimant _____ Age : _____

4 Gender _____

5 Residential Address _____

CLAIM DETAILS

Total Claimed Amount: Rs.

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Claimed Amount in Words: Rupees _____

1. Provisional Diagnosis / Nature of Disease

2. Date of Admission : _____

3. Date of Discharge : _____

Enclosure Check List :

- 1. Discharge Summary containing all relevant details.
- 2. All Bills and their Receipts.
- 3. All Reports & prescriptions
- 5. Certificate regarding Diagnosis

PLEASE ENCLOSE A PHOTOCOPY OF THE BAJAJ ALLIANZ HEALTH ID CARD

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

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 Allianz General Insurance 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 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 Allianz General Insurance access to 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 Patient) was admitted in your hospital from _____ to _____. I am insured with Bajaj Allianz General Insurance as per the policy details given overleaf.

I hereby authorize Bajaj Allianz General Insurance 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 hospitalisations in your hospital can also be provided / shown to Bajaj Allianz 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: _____

Signature of Patient / Relative: _____

Date: _____

Mandate Form for Electronic Transfer of Claim/Refund/Commission/Other Payments

To Bajaj Allianz General Insurance Company Ltd	Office Name : Office Address : I-track Number :
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Please fill in the information in Capital Letters. Please TICK wherever applicable.

Partner ID:-

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(To be filled in by Office – only for Office Use)

IMD Code

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(To be filled in only by Agents/ Intermediaries)

Location Code

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(Pls Mentioned Location where IMD code mapped)

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

Full Address: _____

PIN Code: _____

Contact / Mobile No: _____ Email ID: _____
Permanent Account No. (PAN) _____
Service Tax No. _____

Particulars of bank:

Bank Name:	
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Branch Name & Address:	

Branch Telephone No & Contact No:	
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Branch MICR Code	X	X														
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Branch IFSC Code for NEFT																
Branch IFSC Code for RTGS																

Name of the Account Holder : (As per Bank Account)	
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Account Type		Savings		Current		Cash Credit
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Account No. (as appearing in the cheque book)																
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(Please attach copy of a cancelled blank cheque of your bank for ensuring accuracy of the bank name, branch name and account number)

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

Place: _____ _____
(Beneficiary's Signature)

Date: _____

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.