Bajaj Allianz General Insurance Company Limited.
Regd. & Head Office : Bajaj Allianz House, Airport Road, Y erawada, Pune 411 006 | CIN: U66010PN2000PLC015329
E-mail: bagichelp@bajajallianz.co.in | W ebsite: www .bajajallianz.com

Global Personal Guard Policy (Individual)

Claim Form

Claim Number (For BAGIC Use Only)	
Regional /Branch Office Code	
Broker / Agent Name & Code	

Policy Details	
Name of the Insured	
Policy Number	
Address of the Insured	
Contact Number	

Details of the Insured Person (s) in respect of whom claim is made		
1.	Name of the Insured Person	
2.	Age	
3.	Gender	
4.	Date and time of Injury Sustained / Accident	
5.	Where did it happen?	
6.	How did the Accident Occur?	
7.	Nature of injury suffered (Please attached Doctor's certificate regarding nature of injuries)	
8.	Whether accident reported to Police? If Yes, FIR details:	☐ YES ☐ NO
9.	Has the accident resulted into loss of hand/s or foot/feet or eye/s permanent disability of any other type which may prevent the insured from engaging in or being occupied with or giving attention to any employment or occupation whatsoever? If yes, please give details	
10.	Whether Insured been taken to any hospital after the accident? If Yes, Address of the Hospital: (Please furnish proof of Hospitalisation like Discharge Summary from the Hospital, Certificate from the attending Medical Practitioner regarding injury necessitating hospitalisation)	☐ YES ☐ NO
11.	Date and Time of Admission in Hospital	
12.	Date and time of discharge from the Hospital	
13.	Name and Address of Surgeon in Attendance	
14.	Where and when can a Medical Officer of our company visit you, if necessary?	
15.	Do you have any other Personal Accident Policy? If Yes, kindly provide details:	☐ YES ☐ NO
16.	In case of Death of Insured Person, whether Post Mortem/ Autopsy has been done. If Yes, please attach Post Mortem Report / Autopsy Report and Death Certificate.	☐ YES ☐ NO

For which Base Covers do you want to claim? (Please tick (✓) the Appropriate Box)*

Please tick the appropriate Box	Name of Base Cover	Details (Kindly provide claims documents along with supporting bills (if required) for the claimed amount)
☐	Section I : Death	
☐	Section II: Permanent Total Disability	
☐	Section III: Permanent Partial Disability	

*All the above benefits are applicable for claims arising out of injuries due to accident. Please refer the policy wordings for details of each section.

Bajaj Allianz General Insurance Company Limited

Caringly yours

For which Optional Covers do you want to claim? (Please tick (✓) the Appropriate Box)**

Please tick the appropriate Box	Name of Optional Cover	Details (Kindly provide claims documents along with supporting bills (if required) for the claimed amount)
☐	Optional Cover I: Accidental Hospitalization Expenses	
☐	Optional Cover II: Adventure Sports Benefit	
☐	Optional Cover III: Air Ambulance Cover	
☐	Optional Cover IV: Children's Education Benefit	
☐	Optional Cover V: Coma Due to Accidental Bodily Injury	
☐	Optional Cover VI: EMI Payment Cover	
☐	Optional Cover VII: Fracture Care	
☐	Optional Cover VIII: Hospital Cash Benefit	
☐	Optional Cover IX: Loan Protector Cover	
☐	Optional Cover X: Loss of Income due to Disability from Accident	
☐	Optional Cover XI: Road Ambulance Cover	
☐	Optional Cover XII: Travel Expenses Benefit	

**All the above benefits are applicable for claims arising out of injuries due to accident. Please refer the policy wordings for details of each section.

Details of Primary Insured Bank's Account (Submission of Cancelled Blank Cheque Leaf with Payee Name Printed OR Copy of the First page of the Bank Passbook is Mandatory)

a. Name of the Account Holder (As per Bank Account):_____

b. Account no (As appearing in the cheque book): ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

c. Bank Name :_____

d. Branch Name & Address:_____

e. Account Type : Saving Current Cash Credit

f. MICR No. ☐☐☐☐☐☐☐☐☐☐☐☐☐

g. IFSC Code: ☐☐☐☐☐☐☐☐☐☐☐

h. PAN: ☐☐☐☐☐☐☐☐☐☐☐☐☐

i. Cheque / DD Payable Details: ☐

j. CKYC on Nominee / Insured can be added ☐

k. I/We authorize Insurance Company/TPA to contact me/us through SMS/Email/WhatsApp for any update on this claim.

Declaration

I hereby warrant the truth of the foregoing particulars in every respect and I agree that if I have made or shall make any false or untrue statement suppression or concealment my right to claim reimbursement of the said expenses shall be absolutely forfeited. I consent and authorize the Bajaj Allianz General Insurance Company or their representatives to seek information from any Hospital/ Medical Practitioner who has at any time attended concerning the claim.

1. For retail policies/individual customers:

   Consent/Declaration to be added in proposal and claim for CKYC no.:

   I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or National Securities Depository Limited Portal for the purpose of undertaking KYC verification.

2. For Juridical person/non-individual customer:

   Consent/Declaration to be added in proposal and claim for CKYC no.:

   I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or Goods and Service Tax Portal or Ministry Of Corporate Affairs Portal or National Securities Depository Limited portal for the purpose of undertaking KYC.

3. For Group Policies:

Consent/Declaration to be added in claim form CKYC no.:

I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry for the purpose of undertaking KYC

4. For Juridical person/non-individual customer and Group Policies:

Consent/Declaration to be added in claim form CKYC no.:

I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC

Signature of the Claimant _____ **Date** ___ /___/ _____

Name of the Claimant _____