



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

**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 \_\_\_\_\_