

Bajaj Life Insurance Death Claim Form

Please accept our condolences on your untimely loss. We understand that this is a difficult time for you and it is our responsibility to offer you the best support in this hour of need. This Death Claim Application form is designed to help you file your claim quickly and easily. Please return this form duly filled and signed with appropriate documents and follow below instructions to help us settle your claim faster.

Important Information

- Claims under multiple policies may be registered by filling a single form & providing all applicable policy numbers.
- Claim is payable subject to the policy being in force on the date of event and fulfilment of all terms and conditions of the policy.
- If there is more than one claimant, separate forms need to be filled for each of the claimant.
- This form needs to be witnessed by any of the following (1) Bajaj Life Insurance Limited Agent (2) Sales Manager/ Office Head of Bajaj Life Insurance Limited (3) Block Development Officer (4) A bank manager of a nationalized bank with rubber stamp (5) An officer of Bajaj Life Insurance Limited not below the rank of a manager (6) A Gazetted Officer (7) A Head Master / Principal of Govt. School (8) A Magistrate.
- Please read the declarations carefully and sign the claim form in the same manner as you would normally sign your cheques. Your signature would be used to verify the requests you give us in the future.

How to Complete Your Form

All fields in the claim form should be filled by the claimant in BLOCK letters.

Section A – This section seeks information about the claimant:

- Please make sure that your current address and mobile number is mentioned, as we would do all the claims communication on this address and mobile number only, please provide your email-id in case you have one;
- Please mention your complete bank account details; and
- Please attach a NEFT Form attested by bank or a copy of cancelled cheque/bank account passbook to enable us to transfer the claim proceeds directly to your account subject to the claim being payable as per the terms and conditions of the policy.

Section B – This section seeks information about the Life Insured:

- Please mention the cause, date and time of death of the Life Insured;
- Please mention the names, addresses and telephone numbers of all doctors, hospitals or other medical sources who treated Life Insured during the last illness/accident and over the last three (3) years. If necessary, please attach additional sheets; and
- Please provide details of all life insurance policies of the Life Insured, with insurance companies other than Bajaj Life Insurance Limited.

You need to submit the following documents along with this claim form (Please tick appropriate boxes to indicate documents that have been submitted) – [Marked with* are mandatory documents]

1) *Original / Attested Copy of Death Certificate issued by local authorities ☐

2) *Original Policy Document(s) ☐

3)*Attested copy of your identity proof (any one of the below- specifying your complete date of birth)

- | | | |
|---|--|--|
| <input type="checkbox"/> PAN Card | <input type="checkbox"/> Aadhaar Card | <input type="checkbox"/> Voter ID Card |
| <input type="checkbox"/> Valid Passport | <input type="checkbox"/> Valid Driving License | <input type="checkbox"/> Others (please specify) _____ |

4) *Bank details (any one of the below)

- ☐ Cancelled cheque with printed name and account details of Claimant ☐ Attested passbook copy of bank ☐ NEFT form attested by bank

Additional documents in case of Suicide / Accident - (FIR and Post Mortem Report is mandatory)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> *FIR | <input type="checkbox"/> Panchanama | <input type="checkbox"/> *Post Mortem Report | <input type="checkbox"/> Copy of Driving License |
| <input type="checkbox"/> News paper cutting (if any) | <input type="checkbox"/> Inquest report | <input type="checkbox"/> Final Police Investigation report | |

In case of Medical cause of death (Hospitalization / Non-Hospitalization) below documents are required

- ☐ Medical cause of death certificate
- ☐ Attendant Physician Statement form (FORM to be filled by last attending doctor)
- ☐ All Medical records (diagnosis, treatment and discharge/death summary) – if applicable

DEATH CLAIM FORM

Bajaj Life Insurance
Policy No.(s)

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Claim form is submitted through: Bajaj Life Insurance Agent ☐ Bajaj Life Insurance Office ☐ Bank Branch ☐ Others ☐

Declaration: I/We the claimant(s) do solemnly declare that the below answers and statements are true in all respects and further agree that the furnishing of this form, or any other form, or any other form supplemental thereto, to the company shall not constitute an admission by the company that there was any insurance in force on the life in question or a waiver of any rights or defence.

Section A: Please tell us about yourself (claimant) - [Marked with * are mandatory fields]

*Name: _____ *Date of Birth: *Gender M F

*Relationship with deceased life insured: ☐ Spouse ☐ Children ☐ Parents ☐ Others ☐ Please Specify _____

*Current Correspondence Address: _____

State: _____ Pin Code: _____

[illegible][illegible]

*Bank A/C No.:

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*Bank Branch Name & Address _____

[illegible]

Section B : Please tell us about the deceased Life Insured - [Marked with * are mandatory fields]

*Name: _____ * Age on Death:

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 years

*Last Occupation: _____ Last Employer details (If applicable) _____

*Date of Death: *Time of Death

*Cause of Death: ☐ Medical ☐ Accident ☐ Suicide ☐ Murder

*Nature of Illness/accident _____ *Date of Diagnosis/accident:

D	D	M	M	Y	Y	Y	Y
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*Place of death: ☐ Hospital / Clinic ☐ Residence ☐ Office ☐ Others (please specify) _____

*Please tell us details of the doctors who treated Life Insured during his/ her last illness/accident and/or during last 3 years:

Name of Doctor / Hospital	Contact details	Date of first consultation	Treatment taken

In case deceased life assured was insured with other life insurance companies, please provide details*:

Name of Company	Policy Number	Policy Amount	Policy Issue Date	Claim Status

Signature:

<p>Did you treat I diagnose LA for any pre-existing I co-existing I chronic illness (Like Diabetes, Hypertension, Liver Cirrhosis, etc)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(If yes then mention the details)</p>	<p>Symptoms/ Complaints</p>	<p>Treatment given</p>

Section IV (Details of Pre- Existing OR Co- Existing I Chronic illness of Life Assured)

Exact name of the Surgery	Date of the Surgery	Name of the Surgeon	Address of the Surgeon	Contact Number	Qualification of the Surgeon

Section V (Details of Surgery (to be filled if surgery was performed on the Life Assured))

Name of Doctor	Name and Address of Clinic/Hospital	Contact Numbers	Date(s) of consultation (DD/MM/YYYY)	Date(s) of Discharge (DD/MM/YYYY)	Name of the Illness/diseases	Treatment given

Section VI (Details of Life Assureds' habits)

Substance	Form of Consumption	Quantity per Day	Nature of Consumption
Alcohol	Beer <input type="checkbox"/> Whiskey <input type="checkbox"/> Wine <input type="checkbox"/> Others (Please Specify) _____	_____ ML	
Tobacco	Cigarettes <input type="checkbox"/> Bidis <input type="checkbox"/> Chewing Tobacco <input type="checkbox"/>	_____ No. of sticks/ packets	
Others (Please Specify)			

Section VII (Additional Details)

Any other details that you would like to provide which will help us to process the claim under the policy

Declarations

- I Undersigned do hereby declare that I was the doctor in attendance during the last illness of _____ and I hereby declare that whatever is stated herein above is true to the best of my knowledge, belief & information.
- How long have you practiced as a physician?
- Where did you receive your medical education and when?

Name of the Doctor: _____

Date:

Place: _____

Address: _____

Contact no. Qualification: _____ Registration No: _____

Please provide copy of medical records and OPD notes

Stamp

EMPLOYER'S CERTIFICATE

PART A - DETAILS OF THE LIFE ASSURED

Name	
Address	
Date of Birth	
Policy Number(s)	

PART B - DETAILS OF EMPLOYMENT

Date of joining the Company	
Exact Nature of Duties	
Was he/she a permanent staff/tem porary staff	
Last Date of attending his job	
Reason for leaving employment	

PART C - LEAVE DETAILS

Period for which leave was availed		Type of Leave (e.g. Medical leave / casual leave, etc.)	In case of leave on medical grounds, whether medical certificate was produced	Amount claimed and reim- bursed as medical assistance
From	To			

NOTES:

- i) In case sick leave has been availed, please provide the medical certificates, reports and evidences submitted for the same.
- ii) In case more details are to be provided please attach an annexure, which should be signed and stamped by the authorized official.

EMPLOYER'S CERTIFICATE

PART D - DETAILS OF PRE-EMPLOYMENT HEALTH CHECK- UPS AND ANNUAL HEALTH CHECK-UPS:

Date of Medical Check-Ups	Name of the tests done	Any adversities found (Yes/No)	If adversity found, please describe it

Note: If reports are available, please provide the copies

PART E - DETAILS OF OTHER LIFE INSURANCE / MEDICLAIM POLICIES ON THE LIFE ASSURED:

Policy No.	Name of the Company	Sum Assured	Risk commencement date	Any claim made under the policy

Signature of the Authorized Signatory:	
Name and designation of the Authorized Signatory:	
Company Address and Tel No.	
Company Stamp:	
Date:	

Documents Checklist

Type of Claim	Mandatory documents	Forms to be filled
Life Claims	1) Original policy documents	1) Death claim application form/ Claimant's Statement (This is also a form of Consent Letter)
	2) Original/attested copy of DC issued by local municipal authority	2) Employer Certificate (if employed)
	3) NEFT mandate form attested by bank authorities along with a cancelled cheque or bank account passbook	3) If medical/Natural Death: Attendant Physician Statement or Doctor's certificate Form
	4) Nominee's photo identity proof such as copy of Passport, PAN card, Voter identity card, Aadhaar (UID) card, etc.	
	If Accidental / Unnatural Death:	
	1) FIR* or Panchnama/Police complaint	
	2) PMR*	
	3) Inquest report (if any)	
	4) Final Police Investigation Report (if any)	
Disability and Dismemberment Claims	1) Attested Copies of medical Records / Indoor papers of the hospital	1) Disability/Dismemberment Claim Form
	2) Discharge summary of hospitalizations	2) Attendant Physician Statement Form
	3) Nominee's photo identity proof such as copy of Passport, PAN card, Voter identity card, Aadhaar (UID) card, etc.	
	4) NEFT mandate form attested by bank authorities along with a cancelled cheque or bank account passbook	
	If Accidental/Unnatural death: 1) FIR	
	5) All related Medical examination Reports,e.g.- Lab Test Reports, X-ray/CT Scan/MRI/Ultrasonography	

Documents Checklist

Type of Claim	Mandatory documents	Forms to be filled
Hospitalization & Critical Illness Claims	1) Attested Copies of medical Records/Indoor papers of the hospital	1) Hospitalization/Critical Illness Form
	2) Discharge summary of hospitalizations	2) Attendant Physician Statement Form
	3) Hospital bills for the confinement	
	4) Nominee's photo identity proof such as copy of Passport, PAN card, Voter identity card, Aadhaar (UID) card, etc.	
	5) NEFT mandate form attested by bank authorities along with a cancelled cheque or bank account passbook	
	6) All related Medical examination Reports,e.g.- Lab Test Reports, X-ray/CT Scan/MRI/Ultrasonography	