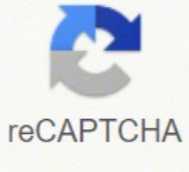




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TRAVEL INSURANCE CLAIM FORM
FORMULIR KLAIM ASURANSI PERJALANAN

Insured Data /Data Tertanggung			
Name /Nama	:		
Date of Birth /Tanggal lahir (dd/mm/yyyy)	:		
Sex /Jenis kelamin	: 1. Male /Pria 2. Female /Wanita		
ID No. /No. KTP	:		
Address /Alamat	:		
Mobile phone/Phone no. /No. HP/Telepon	:		
Email address /Alamat email	:		
Occupation /Pekerjaan	:		
Policy/Certificate No. /No. Polis/Sertifikat	:		
Period of Policy/Certificate /Masa berlaku poli/sertifikat	:		
Claimant Data /Data Pengaju Klaim (if Claimant is not the Insured /jika Pengaju Klaim bukan Tertanggung)			
Name /Nama	:		
Sex /Jenis kelamin	: 1. Male /Pria 2. Female /Wanita		
Address /Alamat	:		
Mobile phone/Phone no. /No. HP/Telepon	:		
Relation with the Insured /Hubungan dengan Tertanggung	:		
Loss Data /Data Kerugian yang Terjadi			
Loss Type /Jenis Kerugian yang Terjadi (Choose the appropriate benefit claimed / pilih benefit yang akan di klaim)			
Bagian A - Pembatalan dan Perubahan Perjalanan (before departure) / Trip Cancellation and Alteration (pre-departure)	Bagian G2 - Penundaan Bagasi/ Baggage Delay		
Bagian B - Biaya Medis dan Biaya Terkait Medis di Luar Negeri/ Outmost Medical and Associated Expenses	Bagian G3 - Penyalahgunaan Kartu Kredit/ Fraudulent Use of Credit Card		
Bagian C - Pemulangan Jenazah atau Biaya Pemakaman di Luar Negeri/ Repatriation of Mortal Remains or Funeral Expenses Overseas	Bagian G4 - Kehilangan Dokumen Perjalanan/ Loss of Travel Documentation		
Bagian D - Kepulangan Lebih Awal/ Early Return Home	Bagian G5 - Pencurian Uang Pribadi/ Theft of Personal Money		
Bagian E - Gangguan Perjalanan dan Kehilangan Transportasi Lanjutan/ Trip Interruption and Mised Connection	Bagian H - Jaminan Kecelakaan Diri/ Personal Accident Cover		
Bagian F - Penundaan Perjalanan/ Travel Delay	Bagian I - Tanggungjawab Pribadi/ Personal Liability		
Bagian G1 - Kehilangan Barang Bagasi Pribadi/ Loss of Personal Baggage Items	Bagian J - Biaya Risiko Sendiri Atas Kendaraan yang Diusir dan Biaya Pengembalian Kendaraan yang Diusir/ Car Rental Excess Charges and Car Rental Return Charges		
Date of booked travelling /Tanggal perjalanan dipesan	:		
Place of booked travelling /Tempat perjalanan dipesan	:		
Amount has been paid by you /Jumlah yang telah anda bayar	:		
Amount has been recoverable by other parties /Jumlah yang telah dibayarkan/dikembalikan oleh pihak lain	:		
Amount claimed /Jumlah yang diklaim	:		
Date of loss /Tanggal kejadian	:		
Place of loss /Tempat kejadian	:		
Time of loss /Waktu kejadian	:		
(for item Bagian F dan G2) Scheduled flight/ Jadwal perjalanan yang disetujui	New flight/ Jadwal pengganti		
Date /Tanggal :	Date /Tanggal :		
Time /Waktu :	Time /Waktu :		
City /Kota :	City /Kota :		
Flight No. /No. Penerbangan :	Flight No. /No. Penerbangan :		
Name of airline(s) /Nama Maskapai :	Name of airline(s) /Nama Maskapai :		
Circumstances /Urutan singkat tentang kejadian dan penyebabnya	:		
(for item Bagian G2) Baggage received information from Insured/ Informasi bagasi diterima oleh tertanggung	Flight No. /No. Penerbangan :		
Date /Tanggal :	Name of airline(s) /Nama Maskapai :		
Time /Waktu :	:		
(for item Bagian G2) List of damage or loss property /Daftar barang yang rusak atau hilang	Amount Claimed/ Jangka yang diklaim		
Item Description/ Nama Barang	Purchase Date/ Tanggal Pembelian	Original price/ Harga Sebetulnya	Amount Claimed/ Jangka yang diklaim
1	1	1	1
2	2	2	2
3	3	3	3

Bajaj Allianz General Insurance Company Limited



Head Office & Head Office : GRI Plaza, Airport Road, Senopati, P.O. Box 111 806

P-0010

Interim Policy Code:

TRAVEL ELITE PRO PROSAL FORM

- Name of the Proposer :
- Address :
- Branch No :
- E-mail :
- Date of Birth :
- Passport No : Residence :
- Departure Date : Arrival Date :
- Plan :

Travel Elite - Silver	<input type="checkbox"/>	Elite	<input type="checkbox"/>	Platinum	<input type="checkbox"/>
Travel Elite - Gold	<input type="checkbox"/>	Elite Plus Supreme	<input type="checkbox"/>	Travel Elite Priority	<input type="checkbox"/>
Travel Elite - Standard	<input type="checkbox"/>	Gold	<input type="checkbox"/>	Platinum	<input type="checkbox"/>
Corporate Elite	<input type="checkbox"/>	Corporate Plus	<input type="checkbox"/>		
Chamber Baggage/Chamber	<input type="checkbox"/>	Including LBB / Garuda	<input type="checkbox"/>	With Insuring Elite (Protecting Agent)	<input type="checkbox"/>

Family Member's					
No.	Name	Date of Birth	Gender	Passport No.	Residence
1					
2					
3					
4					

Q.No	Do you suffer from heart pain ever suffered from any (heart disease) - almost upon the date of leaving this procedure or suffer from physical defect or deformity? Please give details	Do you have been admitted to any hospital / nursing home / clinic for treatment or observation? Please give details	Do you ever suffer or in past have been on any medications? Please mention	Do you ever suffer or in past have been on any travel policy? If yes, please give details under the section onward	Please mention the name, address and telephone no. of your family doctor and/or specialist
1					
2					
3					
4					

FIRE CLAIM FORM

Policy No. _____ Claim No. _____
 (For Official Use)

Name of Insured _____

Business Address _____

Home address _____

Misc. ID _____ Mobile _____

Event

1. What was the nature of the occurrence and when did it take place?	A. _____ B. _____ C. _____
2. At what address did it take place?	
3. For what services were the Premiums being paid at date of occurrence?	
4. Describe briefly what happened and the resultant damage, and state what has been covered if it happens.	
5. Were the Premises and All occupation of the line of the customer made as described in the Policy? Had any amount of risk been retained which was not allowed by the Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Were Claims for the loss of the property damaged or destroyed? If not, state full particulars of any other losses.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Bajaj Allianz General Insurance Company Limited

Regd. Office & Head Office - G1 Area, Airport Road, New Delhi, India - 110 036.



FIDELITY GUARANTEE INSURANCE CLAIM FORM

The issue of this form does not constitute admission of liability. Please return the form duly completed within fourteen days of the loss together with the relevant vouchers, documents etc.

Policy No. _____ Claim No. _____
 State of registration _____

Regional/Branch Office Code _____
 (Broker/Agent Name) _____ Code _____

1. Name of the Insured _____

2. Customer ID _____

3. Address of the Insured _____

Phone No. _____ Email id _____

4. (a) Name of the defaulting employee in full _____

(b) His/her present address _____

5. Amount of loss sustained: Rs. _____

6. Date of discovery of the defalcation _____

7. Date (s) of defalcation (s) _____

8. How exactly was the defalcation committed?
 If space is not sufficient, please give full and detailed particulars on a separate signed sheet. Also please attach a certified statement containing all entries in your books of accounts relative to the defalcation in the order of their dates.

9. Please state fully to the following questions regarding the duties of the employee at the time of defalcation :-
 (a) In what capacity was he engaged and where? _____

10. (a) In what way did money reach his hands?
 (i) What was the largest sum which he had in his hands at any one time and for how long? _____
 (ii) Was he allowed to pay out any amounts on your behalf? _____
 (iii) Who authorized those payments or issues? _____
 (iv) Was he required to give periodical reports from (books with counterfoils) _____
 If so, how often were the money bills examined and checked and by whom? _____
 (v) Did the defaulting employee pay money into the Bank? _____

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[To be filled in black letters]

CLAIM FORM FOR HEALTH INSURANCE POLICIES OTHER THAN TRAVEL AND PERSONAL ACCIDENT - PART A

TO BE FILLED IN BY THE INSURED
The issue of this form is not to be taken as an admission of liability.

DETAILS OF PRIMARY INSURED

a) Policy No: _____ b) Sl. No/Certificate No: _____
c) Company TPA ID No: _____ d) Customer ID: _____
e) Company Name: _____ f) Employee No: _____
g) Name: _____
h) Address: _____
City: _____ State: _____ Pin Code: _____
Phone No: _____ Email ID: _____

SECTION A

DETAILS OF INSURANCE HISTORY

a) Currently covered by any other Mediclaim / Health Insurance Yes No
b) date of commencement of first insurance without break: ____/____/____
c) If yes, company name: _____ Policy No: _____
Sum Insured (Rs.): _____
d) Have you been hospitalized in the last four years since inception of the contract? Yes No Date: ____/____/____
Diagnosis: _____
e) Previously covered by any other Mediclaim / Health Insurance: Yes No
f) If yes, Company Name: _____

SECTION B

DETAILS OF INSURED PERSON HOSPITALIZED

a) Name of the Patient: _____
b) HealthID card no of the Patient: _____
c) Gender: Male Female d) Age: years _____ months _____ e) Date of Birth: ____/____/____
f) Relationship of Primary Insured: Self Spouse Child Father Mother Other (Please Specify): _____
g) Occupation: Service Self Employed Homemaker Student Retired Other (Please Specify): _____
h) Address (if different from above): _____
City: _____ State: _____ Pin Code: _____
i) Phone No: _____ j) Email ID: _____

SECTION C

DETAILS OF HOSPITALIZATION

a) Name of Hospital where Admitted: _____
b) Room Category occupied: Day Care Single occupancy Twin sharing 3 or more beds per room
c) Hospitalisation due to: Injury Illness Maternity
d) Date of Injury/Date Disease first detected/Date of Delivery: ____/____/____
e) Date of admission: ____/____/____ Time: ____:____:____ g) Date of Discharge: ____/____/____ Time: ____:____:____
f) Name of treating doctor: _____ Diagnosis: _____
g) If injury give cause: Self Inflicted Road Traffic Accident Substance Abuse /Alcohol Consumption
h) If medico legal: Yes No i) Reported to police: Yes No
j) MLC report and Police FIR attached: Yes No k) System of Medicine: _____

SECTION D

Bajaj allianz health insurance reimbursement claim process. Bajaj allianz reimbursement claim process. Bajaj allianz health insurance claim time limit.

In case the claim is determined to be admissible a pay order and discharge voucher would be sent to the insured address as mentioned on the policy document. The authorization letter, the ID card issued to you along with this Policy and any other information or documentation that the company has specified must be produced to the Network Hospital identified in the pre-authorization letter at the time of your admission to the same. E.g. X-Ray, E.C.G, USC, MRI Scan, Haemogram etc. Please note that it is not mandatory to enclose the films or plates, a printed report for each investigation is sufficient. If the medicines have been purchased in cash and if this has not been reflected in the hospital bill, a prescription from the doctor and the supporting medicine bill from the Chemist have to be enclosed. The other relevant documents to be submitted along with the claim form are as below: A photocopy of your previous policy details prior to taking your Health Guard policy from Bajaj Allianz (if applicable). A Download Claim Form Hospital Network Diagnostic Tests: Mandatory to provide the Doctor's prescription advising tests, the actual test reports and the bill and receipt from the diagnostic centre. A written communication would be sent to the insured regarding requirement of documents if any or if the claim is deemed to be inadmissible as per Policy terms and conditions. In the event of the death of the insured person, someone claiming on his behalf must inform the company in writing immediately and send a copy of the post mortem report (if any) within 14 days. The Hospital Bill giving detailed break up of all expense heads mentioned in the bill. All Original Laboratory & Diagnostic Test Reports. You or someone claiming on your behalf must inform the company in writing immediately and in any event within 14 days of the aforesaid Illness or Bodily Injury. In this way clear break ups have to be mentioned for Charges, Doctor's Consultation and Visit Charges, OT Consumables, Transfusions, Room Rent, etc. The Money Receipt duly signed with a Revenue Stamp. You shall, in any event, be required to settle all other expenses directly. The company reserves the right to review each claim for Medical Expenses and accordingly coverage will be determined according to the terms and conditions of the Policy. After considering your request and after obtaining any further information or documentation sought, the company may if satisfied send you or the Network Hospital, an authorization letter. A Cashless treatment is only available at a Network Hospital. Similarly e.g. If Rs.2000/- has been charged towards Laboratory Investigations, then the names of the investigations, the number of times each investigation has been performed and the rate should be mentioned. The claims team would assess the claim for completeness of documentation and Admissibility. E.g. if Rs.1000 has been charged towards medicines in the bill, the names of the medicines, the unit price and the quantity used should be mentioned. You must have yourself examined by the company's medical advisors if asked for, and as often as considered to be necessary. If the insured has paid in cash for Diagnostic or Radiology tests and it has not been reflected in the hospital bill, it is mandatory to enclose a prescription from the doctor advising the tests, the actual test reports and the bill from the diagnostic centre for the tests. Pre-authorization does not guarantee that all costs and expenses will be covered. Important Steps: 1. You must take reasonable steps or measure to minimize the quantum of any claim that may be made under this Policy. Signature of the claimant. The Claim Form duly signed by the claimant or family member. The illness / claim should be reported to BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LTD. First Prescription from the Doctor. In of a Cataract Operation, Please enclose the IOL Sticker PLEASE NOTE THAT ONLY ORIGINAL DOCUMENTS SHOULD BE ENCLOSED (EXCEPT FOR POLICY COPY), DUPLICATES OR PHOTOCOPIES WILL NOT BE ENTERTAINED Pre & Post Hospital Expenses: Medicines: Mandatory to provide doctor's prescription advising medicines and the relevant chemist bill. You or someone claiming on Your behalf must promptly and in any event within 30 days of discharge from a Hospital give the documentation (written details of the quantum of any claim along with all original supporting documentation, including but not limited to first consultation letter, original vouchers, bills and receipts, birth/ death certificate (as applicable) and other information asked for to investigate the claim or the company's obligation to make payment for it. Reimbursement Claim Procedure: If any treatment, consultation or procedure for which a claim may be made is required in an emergency, then the company or the TPA must be informed within 7 days of the completion of such treatment, consultation or procedure. A photocopy of your present policy document with Bajaj Allianz, Doctor's Consultation Charges: Mandatory to provide the Doctor's prescription and the doctor's bill. You must immediately consult a Doctor and follow the advice and treatment that he recommends. Details of the other mediclaim policies in force, with an immediate notice by telephone or in Writing (email / Letter) On receipt of claim intimation, BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LTD will forward a claim form and check list for the documents to be submitted by the claimant. If the procedure above is followed, you will not be required to directly pay for the Medical Expenses in the Network Hospital that the company is liable to indemnify and the original bills and evidence of treatment in respect of the same shall be left with the Network Hospital. After receiving the claim The applicant must present the confectional claim mentioned by mentioning the following required details: Insured Details (Name / Address / Age / Age / Number of Contact.) Number of the ID card and the data of the Current Policy Number (date and time of admission and discharge). The hospital discharge card f. In order to take advantage of the treatment without money, the following procedure must be followed by you: Before taking treatment and / or incurring in expenses in a network hospital, you should call Bajaj Allianz and request Praritization The company's written form will provide, provide.

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