

ACKNOWLEDGMENT FOR SUBMISSION/ RETURN OF CLAIM DOCUMENTS.

Policy Details (All Fields are mandatory fields.)

Policy No :	Date: / /
Claimant Name :	
Claim No :	
Bajaj Allianz Claimant ID Card No:	

DETAILS OF PERSON RECEIVING / SUBMITTING DOCUMENTS

1	Name	
2	E-Mail address	
3	Contact No (Mobile No)	

Recipient's Signature

Date: / /

Please enclose photo ID proof - Pan card/Driving license/Passport copy/ Aadhar card & Election ID card (Employee id proof - Hospital member/ GMC employee & Broker's team)

Note: Claim documents will be delivered within 10 working days after receiving of this form.