Bajaj Allianz General Insurance Co. Ltd.

ACKNOWLEDGMENT FOR RETURN OF CLAIM DOCUMENTS.

Policy Details (All Fields are mandatory fields.)

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

DETAIL OF PERSON RECEIVING / SUBMITITING DOCUMENTS

1	Name of the policy holder	
2	Name of patient	
3	E-mail address of Insured	
4	Contact No (Mobile No)	
5	Address of dispatching documents.	

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.