

APPLICATION FORM FOR ACCIDENTAL DISABILITY CLAIM CLAIMANTS STATEMENT



Bandhan Life
Bharat Ki Udaan, Bandhan Se.

Important instructions for completing the form

- ▶ To be filled in by the person legally entitled to the policy money. All the details sought for must be furnished and must be clear & unambiguous
- ▶ All fields under "Information about the Claimant" and "Bank Account Details" section are mandatory. /

Policy No

Date

Information about the Claimant (if different from Life Assured)

Name of the Claimant

1)

2)

Complete Address & Tel. No.

Tel. No.

Age of Claimant In Years

Relationship of the Claimant to the Deceased

Parent Spouse Son/ Daughter

Others (Specify)

Bank Account Details

Mandatory - The Claimant should be a holder of the Account

Bank Name

Bank Account No.

Information about the Life Assured and Accident

Name

Age (at the time of disability)

Date of Accident

Time of Accident

Place of Accident

:

Last Employer's name

Last Employer's address

Designation

Last residential address



How did the accident occur?

People involved in the accident

Details of disability/Dismemberment

Name and address of Police Station where FIR was lodged (Please furnish a copy of the FIR)

FIR No.

Tel. No.

Name and address of Hospital (where last/current treatment was/ is conducted)

Did the Life Assured suffer from any ongoing recurrent health problems?

Yes No

If yes, please furnish the details below.

Nature of illness/ailment/disorder

Duration of illness/ailment/disorder

Name of the doctor/hospital where the Life Assured was treated for the same.

Name & Addresses of the Doctor/ Hospital(s) who treated him/her during the last three years & the ailments treated by them

Particulars of other Life Insurance/Mediclaim policies held by the Life Assured

Any other information, which you consider, would be vital in the claim review process under this policy?

**Declaration & Authorization**

I/We, the above mentioned claimant/s do solemnly declare the foregoing statements are true & agree that furnishing this form, or any other form supplemental there to, by the company, shall not constitute an admission by it that there was any insurance in force on the life in question or a waiver of any rights or defence. We agree that submission of this form will not be construed as acceptance of claim by Bandhan Life Insurance Ltd. I/we hereby give our/my consent to Bandhan Life Insurance Ltd and /or its representative to obtain all past/present employment/birth registrar/medical/Govt. or Pvt Hospital records/other records (including photocopies)/information pertaining to the treatment/occupation of the life assured and/ or conduct such investigations as it may deem . We agree that payment of claim amount shall constitute discharge of liability of Bandhan Life Insurance Ltd

Signature of ClaimantDate Place **Vernacular Declaration**

If the Claimant signs in vernacular or affixes thumb impression, the witness should also sign the following declaration

Certified that the contents of this form were explained to the claimant in vernacular, and he/she has affixed his/ her signature/thumb impression hereto after fully understanding the same.

Name of the Witness

Address of the Witness

Contact No. of the Witness

Signature of the Witness**Witness declaration to be signed by any of these**

- | | |
|--|--|
| <input checked="" type="checkbox"/> Person of local standing | <input checked="" type="checkbox"/> Special Executive Magistrate |
| <input checked="" type="checkbox"/> Notary | <input checked="" type="checkbox"/> Lawyer |
| <input checked="" type="checkbox"/> Class 1 Gazette Officer | |

Document Checklist

1. Claimants Statement
2. Medical Attendant Certificate
3. Police report for accident claims
4. KYC documents of claimant (Mandatory)
 - i. PAN or Form No. 60
 - ii. Copy of any one of the following (Identity & address proof of claimant).
 - a. Proof of possession of Aadhaar number in such form as are issued by the Unique Identification Authority of India (means 'Aadhaar Card')



- b. Valid Passport
- c. Valid Driving License
- d. Voter's Identity Card
- e. Job card issued by NREGA duly signed by an officer of the State Government

iii. One recent photograph of the claimant

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- All payments shall be made according to terms and conditions of the policy. The Company retains the right to call for further evidence needed to process the claim
 - Acceptance of forms does not amount to admission of the liability by the Company

