

Claim form-Covid 19 rider

In order to help us process your claim faster, please read the instructions given below

1. Form to be filled by claimant in BLOCK letters
2. Only the person entitled to receive the policy monies under the policy shall fill & sign the form
3. Rider benefit is payable subject to policy being Inforce on the date of Hospitalization and other policy conditions
4. Regulatory guidelines require insurers to pay all payouts due to policyholders/nominee/assignee by directly crediting the money into their bank account. Copy of self-attested cancelled cheque bearing pre-printed name of beneficiary/ bank passbook of beneficiary is mandatory to

Document checklist:

- 1) Claim form duly filled & signed
- 2) Copy of Hospital discharge summary
- 3) Copy of Covid-19 test report & other lab reports
- 4) KYC documents of claimant
 - a) PAN or Form No 60
 - b) Copy of any one of the following (Identity & address proof of claimant)
 - I. Passport (unexpired)
 - II. Driving License (Unexpired)
 - III. Voter's Identity Card
 - IV. Job Card issued by NREGA duly signed by an officer of State Government
 - V. Proof of possession of Aadhar number (first 8 digits to be masked) in such a form as issued by the Unique Identification authority of India (means 'Aadhar Card')
- 5) Copy of self-attested cancelled cheque bearing pre-printed name of beneficiary/Passbook copy of the claimant

Details of the Insured

Master policy no. <input type="text"/> Insured name: _____ Date of birth: <input type="text"/> Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Complete address: _____ _____ City: _____ State _____ Pin code: <input type="text"/>	Certificate of insurance no. <input type="text"/> Mobile no: <input type="text"/> E-Mail ID: _____ Bank Name & Branch: _____ Bank a/c no: <input type="text"/> Account type: _____ IFSC Code : <input type="text"/> MICR code: <input type="text"/>
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Details of Hospitalization

Date of diagnosis of Covid-19: <input type="text"/> Name of hospital: _____	Complete address of the hospital: _____ _____
Date of admission : <input type="text"/>	Time: HH:MM : <input type="text"/>
Date of discharge : <input type="text"/>	Time: HH:MM : <input type="text"/>

Declaration & Authorization

I/We, the claimant(s), do declare that the foregoing answers and statements are true in all respects, and further agree that the furnishing of this form, or any other form supplementary thereto, to the Bandhan Life Insurance Ltd. and acceptance of the same by 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 defense. I/We, the claimant(s) of this policy hereby give my/our consent to Bandhan Life Insurance Ltd. And/or its representative to obtain all past & present employment/ birth register/ life & non-life insurance company/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 fit. We agree that payment of claim amount shall constitute discharge of liability of Bandhan Life Insurance Ltd

Signature/ Left thumb impression of claimant

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 & Address of witness:

Contact no. of witness:

Signature of witness:

Witness declaration to be signed by any of these: person of local standing / Special Executive Magistrate / Notary / Lawyer / Class 1 Gazette Officer

Registered Office:

Bandhan Life Insurance Limited.
A-201, 2nd Floor, Leela Business Park, Andheri-Kurla
Road, Andheri (E), Mumbai - 400059.

Corporate Identity No:
U66010MH2007PLC169110.
IRDAI Company Registration
Number: 138

☎ 1800 209 90 90
(Toll free, 9 am to 7 pm, Mon to Sat)
✉ customer.care@bandhanlife.com
🌐 www.bandhanlife.com

Formerly Aegon Life Insurance Company Limited