

DETAILS OF CLAIM

a) Details of the treatment expenses claimed

i. Pre-Hospitalisation Expenses: Rs. 1 3 3 8 8 / +
iii. Post-Hospitalisation Expenses: Rs. 1 5 0 0 / +
v. Ambulance Charges: Rs. + + + + +

ii. Hospitalisation Expenses Rs. + + + + +
iv. Health checkup cost Rs. + + + + +
vi. Others (code) Rs. + + + + +
Total Rs. 1 4 8 8 8 / +

vii. Pre-Hospitalisation period: days 0 3

viii. Post Hospitalisation period: days 0 7

b) Claim for Domiciliary Hospitalisation: Yes ☐ No ☐ (If yes, provide details in annexure)

c) Details of Lump sum / cash benefit claimed:

i. Hospital Daily Cash Rs. + + + + +
iii. Critical illness Benefit Rs. + + + + +
v. Pre/Post hospitalisation lump sum benefit Rs. + + + + +

ii. Surgical Cash Rs. + + + + +
iv. Convalescence Rs. + + + + +
vi. Others Rs. + + + + +
Total Rs. + + + + +

Claim Documents Submitted – Check List

- ☒ Claim Form Duly Signed ☐ Copy of claim intimation if any ☐ Original Hospital Main Bill
☐ Original Hospital Breakup Bill ☒ Original Hospital Bill Payment Receipt ☒ Original Hospital Discharge Summary Pharmacy Bill
☐ Operation Theater Notes ☐ ECG ☒ Original Doctor's Prescriptions
☒ Original Doctors request for investigation reports (including CT/MRI/USG/HPE) ☐ Others
☒ Cancelled blank cheque leaf with payee name printed. If name of the payee is not printed on the cheque leaf please attach copy of the first page of the bank passbook.

DETAILS OF BILLS ENCLOSED

Sr.No	Bill No	Date	Issued by	Towards	Amount (Rs)
1	BLCS464755	17 09 21	BLK MAX	Hospitalisation Main Bill	
2	BLCS464958	17 09 21	-do-	Pre-Hospitalisation Bills: Nos	1 3 3 8 8 / +
3	BLCS464976	17 09 21	-do-	Post-Hospitalisation Bills: Nos 01	1 5 0 0 / +
4	BLCS464986	17 09 21	-do-	Pharmacy Bills	
5	BLCS481484	28 09 21	-do-		
6					
7					
8					
9					
10					

DETAILS OF PRIMARY INSURED'S BANK ACCOUNT

- a) Name of the Account Holder (As per Bank Account): MOVINUDDIN KAZIRUDDIN
b) Account no (As appearing in the cheque book): 501100016318806
c) Bank Name: HDFC BANK
d) Branch Name & Address: GFR FLR INDUSTRY HOUSE OPP RAMON HOUSE 159 HT PAREKH MARG CHURCHGATE MUMBAI - 400020 MAHARASHTRA
e) Account Type: Saving ☒ Current ☐ Cash Credit ☐
f) MICR No. 400240003
g) IFSC Code: HDFC000005011
h) PAN: BFFPM0722L
i) Cheque / DD Payable Details: 000011

DECLARATION

I hereby declare that the information furnished in this claim form is true & correct to the best of my knowledge and belief. If I have made any false or untrue statement, suppression or concealment of any material fact with respect to questions asked in relation to this claim, my right to claim reimbursement shall be forfeited. I also consent & authorize Bajaj Allianz General Insurance Company Limited, to seek necessary medical information / documents from any hospital / Medical Practitioner who has attended on the person against whom this claim is made. I hereby declare that I have included all the bills / receipts for the purpose of this claim & that I will not be making any supplementary claim except the pre/post-hospitalization claim, if any.

Movnuddin.

Date: 30 10 2021 Place: DELHI

Signature of the Insured