

CLAIM INTIMATION & DISCHARGE FORM

- The company retains right to call for further evidence needed to process the claim and to entertain or repudiate the claim.
- Acceptance of forms does not amount to admission of claim.

1. PARTICULARS OF INSURED:

Master Policy No:	Master Policyholders Name:
Members Name:	Membership No:
Age:	Loan Account Number:
Sex:	Sum Assured: Rs.

2. DETAILS OF CLAIM:

Date of Event giving rise to claim		Cause of Event giving rise to claim	
Nature of Event giving rise to claim		Supporting Documents for Claim	

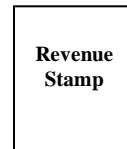
3. PARTICULARS OF CLAIMANT:

Name:	Relationship with Insured Member:
Address	

Claimant's Bank Details			
Bank Name		Bank Branch	
IFSC Code		Account Number	
Cancel Cheque			

DISCHARGE FROM CLAIMANT

On receipt of payment of Rs. _____ after payment of Rs. _____ to **India Infoline Finance Limited** towards settlement of outstanding loan balance amount of loan availed by _____ (Name of Member) from **India Infoline Finance Limited**, I/We hereby provide discharge in favor of Bajaj Allianz Life Insurance Co. Ltd as full and final settlement towards the claim benefit on the insurance cover, details of which is mentioned herein above in this Claim Intimation and Discharge Form.



Signature by the payee on the Revenue Stamp

Date:-

Certificate of Master Policyholder

I, _____, currently posted as _____ (Designation) with **India Infoline Finance Limited** do hereby certify that Insured Member/Nominee/Beneficiary who has executed this Claim Discharge Form is the same person who has been registered as the Member/Nominee/Beneficiary in the Membership Register maintained by **India Infoline Finance Limited** for the purposes of group insurance scheme administered under Master Policy No. **0343971196**

Signature

Name & Designation