

Bajaj Allianz General Insurance Company Limited

Corporate Identity Number: U66010PN2000PLC015329. IRDAI Registration No.113

Regd. Office & Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune - 411 006

For Office Use only:

Policy No		Claim No	
Regional/Branch Office Code		Date of Registration	
Broker/Agent		Code	

BAJAJ ALLIANZ PET DOG INSURANCE POLICY

CLAIM FORM

PLEASE ANSWER EVERY QUESTION AND FULLY.

1	Name of the Insured:					
2	Communication Address with Contact Number & Email id:					
3	Details of Insured Pet Dog in respect of which Claim is made					
	Name of the Pet Dog	Sex (M/F)	Age (YY.MM)	Breed	Micro Chip number	Distinguishing Features/ Identification Marks
4	Details of the Claim:					
a.	Name of the Section(s) in which claim has incurred along with details	Date of Loss	Place of Loss	Estimated Claim Amount		
b.	Surgery Cover details (including Fracture and Pre and Post Surgery)					
c.	Hospitalisation Cover details					
d.	Mortality Benefit Cover details					
e.	Terminal Diseases Cover details					
f.	Long Term Care Cover details					
g.	OPD Cover details					
h.	In case of Theft/Lost/straying pet, please provide general diary details					
i.	Pls confirm if any advertisement is given for lost/stolen pet.					
j.	In case the lost/stolen pet is found, please confirm how and who traced the pet.					
k.	Have you received any legal notice from a third party with regard to injury/ damage caused by Insured Pet?		Yes/ No If Yes, please provide details:			

5	Name of the Vet Clinic/Hospital: Name of the Vet: Contact no: Email id:	
6.	Do you have any other Pet Insurance Policy? If yes, give details.	
	Please confirm if below documents are enclosed with this form:	
(i)	Vaccinations Certificate	
(ii)	Death Certificate along with colored photographs of the deceased dog (in case of death)	
(iii)	Vet Medical Papers and Bill (in case of Surgery Expenses & Hospitalisation Cover, Mortality Benefit Cover, Long Term Care Cover, OPD Cover)	
(iv)	Copy of General Diary Entry lodged by police (in case of theft/missing)	
(v)	FIR (in case of TP Legal Liability)	
(vi)	Copy of advertisement (In case of theft/missing)	
(vii)	Hospital bill (in case of Hospitalization)	
(viii)	Court Orders (in case of TP Legal Liability)	
(ix)	Diagnostics Report (in case of Terminal Diseases Cover, Long Term Care Cover and OPD Cover)	
(x)	Any other necessary document that is attached with this claim form	

Declaration:

I/We hereby declare that the foregoing statements are true in all respects and that I/We have not attempted to conceal from the company anything with which it ought to be made acquainted and also that if I/We have made or in any further declaration the Company may require shall make any false or fraudulent statement or any suppression, concealment or untrue averment whatever, the Policy shall be void and my/our right to compensation forfeited and am/are willing if required, to make a statutory Declaration before a Justice of the Peace of the truth of the whole of the foregoing statement or any other statement I/We may make in connection with this claim.

Date:

Place:

Signature of the Insured