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Policy Number:

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CRITICAL ILLNESS / HOSPITALIZATION / DISABILITY CLAIM FORM (BY CLAIMANT)

We understand that claim is important to you. In order for us to speed up the process, please (1) complete this form, (2) prepare the relevant documents listed on page x, and 3) submit the form to your agent or AXA office as soon as possible.

Please do not sign on blank form and use the same signature as policy record. No fees, commission or charges of whatever nature are payable to Agents or Employees of the Company in respect of this claim.

Issuance of this form does not amount to admission of any claim/liability under the policy on the part of the insurers

1. Claimant Information

Full name of claimant (Last, First, Middle)

Date of birth (dd/mm/yyyy) /

2. Type of claimed benefit

Critical Illness

Hospitalization

Disability

Other

3. About Current claim

Name and address of clinic or hospital attended for current claim

Most recent consultation date

Name and address of our family doctor or your usual attending doctor

Diagnosis / Reasons for current claim

4. If this claim is for Critical Illness benefit, please complete this section

Name of the Critical Illness

Date of diagnosis

5. If this claim requires hospitalization benefit, please complete this section

Date of admission		Date of discharge	
Doctor's diagnosis			

Please indicate if this is the first time you consult hospital for this diagnosis or the related signs and symptoms Yes No

6. Electronic Payout Mandate

- As per the regulatory notification, insurers are required to make all payouts through electronic mode only. Hence, amount would be credited to your below mentioned bank account details through NEFT/RTGS
- Submit a personalized cancelled cheque along with this form to process the payment.

