

Bajaj Allianz General Insurance Co. Ltd.**CLAIM INTIMATION FOR HOSPITALIZATION****Policy Details**

Policy No (mandatory field) : _____
Bajaj Allianz Claimant ID Card No (mandatory field): _____
Corporate Name/ Proposer's Name (mandatory field) : _____

Personal Details of Employee/Individual

1	Name of the Patient (mandatory field)	
2	E-Mail address of the Employee/Individual	
3	Contact No (Mobile No) (mandatory field)	

Hospitalization Details

1	Name of the Hospital	
2	Address of the Hospital	
3	Date of Hospitalization	
4	Complaints/ ailments/ diagnosis	
5	Approximate estimate of expenses	

**Signature of the Authorized Signatory
(Name & Designation)**

Company Seal: _____

Date: DD / MM / YYYY

PLEASE ENCLOSE A PHOTOCOPY OF THE BAJAJ ALLIANZ HEALTH ID CARD