

Bajaj Allianz General Insurance Co. Ltd.

952/954, Appasaheb Marathe Marg, Nr. Chaitanya Tower, Prabhadevi, Mumbai-400025
Contact numbers: Charges Applicable 020-30305858/ Toll Free-18002095858

Annexure -B

Claim Process for Purchase Protection Cover
SBI Gold/Pride/Platinum/Premium/Signature Debit Card (Visa/MasterCard)
& Debit Cards issued to Salary Package Account holders (all MasterCard/Maestro/ VISA variants)

1. Policy No: Policy No: OG-21-1919-9930-00000063

(Please note: Policy number has to be mentioned on every communication to the insurance company.)

2. The claimant will be the Cardholder.
3. The insured has to lodge FIR/Police complaint with police immediately on the occurrence of burglary or theft.
4. The claimant has to submit *Purchase Protection Intimation Form (Page-2)*, within 7 days of last unauthorized transaction occurred using the lost Debit Card through speed post/registered post/courier/by hand to:

Edelweiss Gallagher Insurance Brokers Limited
2nd Floor, Tower 3, Wing B, Kohinoor City Mall Kohinoor City,
Kirold Rd, Premier Residencies, Kurla,
Mumbai, Maharashtra 400022

Email Ids: Arpita.Kochrekar@edelweissfin.com

**Additionally, register a claim to BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LIMITED.
On below link always.**

Kindly copy & paste the link in Google Chrome - <https://bit.ly/37kLJV7>

Please register claim online & confirm us INT No. to provide your claim number

Email ID : tanmay.raje@bajajallianz.co.in / Mumbai.NMClaims@bajajallianz.co.in

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5. The claimant has to submit the documents as per the *Documents Check List for Purchase Protection Claim (Page-5)* along with Certificate from the Bank's Branch where the Cardholder's account is maintained, confirming the authenticity of Cardholder, his Account No. and Debit Card No. **(Pages 6-7)**.
6. The *Purchase Protection Claim Form (Pages 3-4)* duly filled in all respects should be submitted within 30 days thereafter (i.e. period for intimation + claim = 7 days + 23 days = 30 days maximum).
7. The claimant will also have to submit *Bank Account Details (Page-8)* at the time of settlement of claim.
8. All correspondence shall be only between the claimant and National Insurance Company Limited.
9. Detailed terms and conditions are provided on **Page-9**.
10. Please note that all the documents submitted in regional language need to be translated to English to avoid delay in the settlement process.

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Purchase Protection Insurance Claim Intimation Form

This form is not to be taken as an admission of liability.

Date: _____ Place: _____

Policy No: OG-21-1919-9930-00000063

1.	Name of SBI Debit Card Holder	
2.	Address of the Cardholder	
3.	Age of the Cardholder	
4.	Masked SBI Debit Card No (First Six & Last 4 Digits)	First Six : Last Four :
5.	Type of SBI Debit Card	
6.	Account No.	
7.	Whether it is an SBI Salary Package Account	YES/NO
8.	Date of Burglary/Theft	Date: Time:
	Where the loss did took place?	
	How did the loss occur?	
9.	Name of the SBI Branch and Branch Code where the Cardholder's account is maintained	Branch Name : Branch Code :

(Signature of the Claimant)

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THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY, ANSWER ALL QUESTION FULLY

PURCHASE PROTECTION CLAIM FORM

(Purchase Protection cover valid only for 90 days from the date of purchase)

Policy No:- **OG-21-1919-9930-00000063**

Claim No: _____

(Claimant will get from link shared by BIAZ)

<https://bit.ly/37kLJV7>

Name of Insured (in Full): _____ Age: _____

Address in full: _____

Mobile No _____ Telephone No (with STD Code): _____

Profession or Occupation: _____

(Please indicate whether Master Superintending, Master working or Workman)

SBI Debit Card No. _____

Account No. _____ maintained at _____ Branch.

Claim Amount: _____

1.	(i) Full Address of Premises broken into	
	(ii) Description of the Article/Item stolen	

	(iii) How was it stolen?	
2.	(i) Whether the premises were inhabited at the time of the Burglary? (ii) If not, for what periods have they been uninhabited since the last premium was due	Not applicable
3.	When did you inform the Police Authorities of the theft and at which Police Station	
4.	Whether you are the sole owner of the property stolen?	
5.	State the estimated value of the total Contents of the premises at the time of The Burglary.	
6.	Are there any other insurance against Burglary upon the same property? If so give full particulars of insurance	Rs_____. In the_____ Company Policy No_____
7.	Have you ever before sustained loss by Burglary? If so give particulars.	

I / We above named being insured under the above Policy do hereby declare and set forth that at or about ____ a.m. / p.m. on the _____20 ____ a theft was committed at above described Premises in the manner stated and articles enumerated in the within list and valued at sum or Rs. _____ were stolen there from and I / we further declare that no other person has any interest in the said property, as Owner Mortgage, Trustee or otherwise, and that it is not otherwise insured against Burglary, with this or any other Office, except as above stated.

Witness my hand this _____ day of _____ 20 ____

Witness _____

Occupation _____

Address _____

(Signature of Insured)

DECLARATION

I, the undersigned, do hereby declare that to the best of my knowledge and belief the foregoing particulars are true and correct.

Signature of the Claimant: _____

Date: _____

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**Documents Check List for Purchase Protection Claim
(Purchase Protection cover valid only for 90 days from the date of purchase)**

Sl	Documents	
1.	Copy of FIR which was lodged.	
2.	Proof of purchase	
3.	Original cash memo & bank debit slip indicative of purchase of stock item through debit card.	
4.	Duly completed burglary claim form	
5.	Declaration of loss due to burglary	
6.	Confirmation from the bank about transaction and card no. and card issuance date from bank records	
7.	Claim form and immediate intimation to be submitted within 7 days.	
8.	Purchase protection will be available upto 90 days from the date of purchase excluding perishable goods within the policy period.	
9.	Liability shall be restricted to sum insured within the policy period	
10.	Proof of purchase (copy of bill)	
11.	Attested Copy of the Debit Card	

Documents from serial no. 3 to 9 need to be duly attested by gazetted official, headmaster/principal of recognized educational institution.

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(On Bank's Letter Head)

SBI of India,
 Branch Name: _____ : Code No _____
 Address: _____
 Telephone No _____ Fax No: _____
 Email: _____@sbi.co.in

Ref No. _____ Date: _____

Policy No: OG-21-1919-9930-00000063

(Purchase Protection cover valid only for 90 days from the date of purchase)

This is to certify that Shri/Smt/Ms _____ who has suffered
 a loss of items purchased using SBI Debit Card, due to theft/ burglary
 on _____ (as per the documents enclosed), is a SBI Debit Cardholder.

1.	Name of SBI Debit Cardholder	
2.	Address of the Cardholder (as per Banks record)	
3.	Masked SBI Debit Card No. with date of issuance	First Six digits : Last Four digits: Date of Issuance
4.	Type of SBI Debit Card	
5.	Bank Account No.	
6.	Whether it is an SBI salary package	Yes/No

	Account	
7.	Name of the SBI Branch and Branch Code where the Cardholder's account is maintained	Branch Name : Branch Code :
8.	Date of Burglary/Theft	
10.	Amount claimed to the extent applicable as per the Card variant	Rs.
11.	Full Address of legal heir(s) (as per the affidavit)	

The Bank or its Officers will not be held responsible for the genuineness/ authenticity of other documents like FIR etc. being submitted by the claimant to the Insurance Company. It shall be the responsibility of the Insurance Company to ascertain their authenticity. All further correspondence should be made directly between the claimant and the Insurance Company.

The claim settlement will be entirely the responsibility of Insurance Company. All settlements / disputes will be between the claimant and the Insurance Company and the Bank will not be a party to such disputes

Signature
(Branch Manager/Branch Head)

Bajaj Allianz General Insurance Co. Ltd.

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Date: _____ Place: _____

Mandate Form for Electronic Transfer of Claim Payments

<p>To</p> <p>Bajaj Allianz General Insurance Company Ltd</p>	<p>Office Code & Name : _____</p> <p>i-track Number : _____</p>
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Partner ID *(To be filled by Office)*:

--	--	--	--	--	--	--	--	--	--

Full Name: Shri / Smt / Kum / M/s _____
 (As appears in your bank account)

Full Address: _____
 _____ PIN Code: _____

Contact / Mobile No: _____ Email ID: _____

Bank Name:	
Branch Name & Address:	

Branch Tel No & Contact No:															
Branch IFSC Code for NEFT															
Branch MICR Code															
Name of the Account Holder : (As per Bank Account)															
Account Type		Savings					Current					Cash Credit			
Account No. (as appearing in the cheque book)															

I/we have read the declarations / conditions mentioned overleaf.

Place: _____ Date: _____ (Beneficiary's
Signature) _____

<p><u>MANDATORY REQUIREMENT</u></p> <p><u>PLEASE ATTACH HERE</u></p> <p>Cancelled blank Cheque of your bank for ensuring accuracy of name of the bank, branch name, Account number and IFSC code. If NAME OR IFSC code of the payee is not printed on the cheque leaf, please attach copy of the first page of the bank passbook also.</p>

I have verified the documents attached with the mandate and confirm that these documents correctly belong to the Partner ID & Partner Name mentioned in the mandate. (To be verified by superior)

Card No. _____ **Card Holder Name:** _____ **Card Type** _____

Place _____ **Date** _____ **Signature** _____

DECLARATION

- I / We hereby declare that the particulars given above are correct and complete and no blanks have been left. If the transaction is delayed or not effected at all for reason of incomplete or incorrect information I / we would not hold Bajaj Allianz General Insurance Company Limited responsible.
- I / We undertake to revoke the instruction for NEFT in the event of the business relationship expiring and or being 'terminated' and further hereby specifically authorize Bajaj Allianz General Insurance Company Limited, to do so, for me and on my behalf, in case the revocation communication is not received from me within seven days of expiry and or being termination of relationship.
- I / We further undertake to refund, at any time, any excess amount whether demanded by Bajaj Allianz General Insurance Company Limited or not, which has been credited to my account [due to any reason] by Bajaj Allianz General Insurance Company Limited, in excess of (i) the amount due to me, or (ii) in excess of amount for which I gave mandate, and or (iii) agreed rent/license fees/compensation/refundable security deposit/Commission/Claim/Refund/ Any other payment.
- I / We agree that the payment will be endeavoured to be credited starting from the date of next payment cycle and unless the Mandate is revoked by me/us issuance of relevant credit instruction for electronic payment from Bajaj Allianz General Insurance Company Limited into the aforesaid account will be valid discharge to Bajaj Allianz General Insurance Company Limited for having paid (i) the amount due to me, or (ii) in excess of amount for which I gave mandate, and or (iii) agreed rent/license fees/compensation/refundable security deposit/ Commission/Claim/Refund/ Any other payment.

- I / We further confirm that we understand this mode as a method of payment introduced by Reserve Bank of India, which provides us an option to receive the amount and or to collect our payments by electronic payment mode directly through my/our bank accounts.
- I / We further confirm that I/we understand, Bajaj Allianz General Insurance Company Limited, shall make electronic payment to my account by issuing the Payment instruction electronically through its banker to the Clearing Authority and the Clearing Authority would ensure credit to my/our specified bank account provided hereinabove.
- I / We further undertake to inform Bajaj Allianz General Insurance Company Limited with an advance notice of 6 weeks, to withdraw from this mode of electronic payment.
- I / We further confirm that Bajaj Allianz General Insurance Company Limited will have, at its sole discretion, the right to return back to the option of paying to me/us by way of cheque if there are more than 2 consecutive failures in remittances for no fault on the side of Bajaj Allianz General Insurance Company Limited.
- After Bajaj Allianz General Insurance Company Limited issuing the Payment instruction electronically through its banker, for whatever reasons, if I/we do not get the credit to my/our account, then same shall neither constitute the default in (i) Payment of amount requested by me, or (ii) Payment of amount due to me/us, or (iii) Payment of agreed rent/license fees/compensation/refundable security deposit/commission/claim/ Refund/Any other payment by Bajaj Allianz General Insurance Company Limited nor constitute default of any terms and conditions of any agreement/MOU/ Claim/Refund/Other contract and or Lease agreement/Leave and license agreement with me/us.

Name & Signature of card holder

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Other Terms & Conditions

- 1) Purchase Protection Insurance: This insurance covers the Debit Cardholder for items purchased (excluding perishables, jewellery, precious stones) by using eligible SBI Debit Card only at PoS/Online, to the extent as applicable on the type of Debit Card held. This policy protects the insured person/ Cardholder in the event of the loss of the insured property due to theft/burglary/house breaking including theft from vehicle and attempted theft etc. Cover is for 90 days from the date of purchase of the insured property.
- 2) Such claims will be settled on production of the bill of purchases made using Debit Card and the declaration by the Cardholder or any supporting evidence as per industry practice.
- 3) In case of any loss/claim, the Cardholder will give written loss intimation to the police authority. No FIR/Final Police Report will be insisted upon by the Insurance Company.
- 4) Claim shall be paid as per the amount appearing in the account statement related to the Debit Card without deducting any depreciation amount.
- 5) If the Debit Card holder is having more than one eligible Debit Cards issued to him under one or more accounts, only one Debit Card will be considered for the claim purpose.
- 6) Insurance Company after receipt of the application will initiate the process of claim settlement. The insurance company will acknowledge the claim. All the correspondence related to claim will be directly taken up with the claimant/nominee without involving Bank.
- 7) All the settlement/disputes will be between the claimant and the insurance company and the Bank will not be a party to such disputes.
- 8) The claim settlement will be entirely the responsibility of the Insurance Company and Bank will have no liability towards any claim/dispute.
- 9) The Insurance Company shall on receipt of complete set of documents, process the claim. Any requirement/ deficiencies in the documents submitted shall be sought within 10 working days of receipt of the claim. All the documents being in order, the Insurance Company will settle the claim within 30 working days from the date of receipt of last document. In case of delay beyond 30 days, the Insurance Company shall pay interest as per the IRDA regulations.
- 10) The claimant has to submit Purchase Protection Insurance Intimation Form (intimation letter) within 7 days of occurrence of loss. If the intimation is made after 7 days the same will be rejected.
- 11) The Purchase Protection Claim Form duly filled in all respects should be submitted within 30 days thereafter (i.e. period for intimation + claim = 7 days + 23 days = 30 days maximum) failing which the claim will not be accepted.
- 12) Any other supporting document/information, if required to deal with the claim would be ask for.