Bajaj General Insurance Limited
(Formerly known as Bajaj Allianz General Insurance Co. Ltd.)
Bajaj Insurance House, Airport Road, Yerawada, Pune - 411006. IRDAI Reg No.: 113.
CIN: U66010PN2000PLC015329 | UIN: BAJHLIP27081V012627
Email: careforyou@bajajgeneral.com | Website: www.bajajgeneralinsurance.com
Sales - 1800 209 0144 / Service - 1800 209 5858 (Toll Free No.)

BAJAJ GENERAL
CARINGLY YOURS

REIMBURSEMENT PET INSURANCE CLAIM FORM

MY FAMILY COMPLETE

Important: Fill only the sections applicable to your claim. Supporting documents are listed separately in the Document Checklist Matrix and need not be repeated in each section.

SECTION A – POLICYHOLDER / PET PARENT DETAILS

1) Name of Policyholder / Pet Parent:

First Name:

Middle Name: Surname:

2) Insurance Policy Number:

3) Correspondence Address:

4) Alternate Contact Number:

5) Mobile Number: 6) E-mail: _____

SECTION B – INSURED PET DETAILS

7) Pet Name:

8) Insurance Card Number:

9) Species: ☐ Dog ☐ Cat 10) Breed: _____ 11) Gender: ☐ Male ☐ Female

12) Date of Birth / Age: 13) Colour / Identification Marks: _____

14) Microchip Number (if applicable): 15) Neutered / Spayed: ☐ Yes ☐ No

16) Date of Last Vaccination: _____ 17) Vaccination Status: ☐ Up to Date ☐ Not Up to Date

18) Regular Treating Veterinarian: _____

19) Veterinary Clinic / Hospital Name: _____

20) Address: _____

_____

21) Contact Details : _____

SECTION C – CLAIM INTIMATION DETAILS

22) Date of Intimation:

Mode of Intimation: _____

☐ Email ☐ Phone ☐ Branch ☐ Portal

☐ Other, please specify _____

Total Expenses Incurred (₹): _____

SECTION D – CLAIM COVER SELECTION - Claim Type:

23) Base

☐ In-Patient Hospitalization / Confinement ☐ Pre-Hospitalization Expenses
☐ Post-Hospitalization Expenses ☐ Day Care Treatment ☐ Organ Donor Expenses
☐ Road Ambulance ☐ Domiciliary Hospitalization
☐ Emergency Pet Accommodation Benefit ☐ Pet Assurance Covers

24) Optional Covers can be claimed only if opted at the time of buying the policy ,

☐ Air Ambulance ☐ Major Illness & Accident Multiplier ☐ Long Term Care Cover
☐ Consumables Plus ☐ Cost of Prescribed External Medical Aid ☐ Global Cover
☐ Extended Pet Stay Benefit ☐ Finding Your Pet Benefit ☐ Bundle of Joy Benefit
☐ Paw Promise Benefit ☐ Pet Third Party Liability Cover
☐ Other _____

SECTION G – INCIDENT / DISEASE / INJURY DETAILS

25) Nature of Event:

☐ Illness ☐ Accident ☐ Missing Pet ☐ Theft ☐ Death ☐ Euthanasia ☐ Third Party Liability
☐ Other _____
Date of Occurrence: _____ Place of Occurrence: _____
Description
_____
_____

SECTION H – CURRENT VETERINARY TREATMENT DETAILS INCASE OF HOSPITALISATION

26) Hospital / Clinic Name: _____
27) Address: _____
_____
28) Treating Veterinarian Name: _____
29) Registration Number: _____
30) Contact Number: _____
31) Hospitalization Details

Particulars	Details
Admission Date & Time	
Discharge Date & Time	
Diagnosis	
Length of Stay	

SECTION I – CLAIM EXPENSE DETAILS

Expense Head	Estimated Amount (INR)
Kennel Charges	Rs
ICU/Critical Care (if applicable)	Rs
Consultation Charges	Rs
Diagnostics/Lab Tests	Rs
Imaging (X-Ray/USG/CT/MRI)	Rs
Medicines	Rs
Surgery Charges (if applicable)	Rs
Anaesthesia (if applicable)	Rs
Others	Rs
Total Claimed Amount	Rs

SECTION J – THIRD PARTY LIABILITY CLAIM DETAILS

(Applicable only for Pet Third Party Liability Claims)

32) Name of Third Party: _____

33) Nature of Claim:

☐ Bodily Injury ☐ Property Damage ☐ Both

34) FIR / Complaint Number: _____

35) Court Case Number (if applicable): _____

36) Brief Details of Incident

_____

_____

_____

_____

SECTION K – LOST / STOLEN / MISSING PET DETAILS

(Applicable for Finding Your Pet Benefit, Paw Promise Benefit & Pet Assurance)

37) Date Pet Went Missing: _____

38) Police Complaint / General Diary Number: _____

39) Was Advertisement Published?

☐ Yes ☐ No

40) Date of Advertisement: _____

Has Pet Been Recovered?

☐ Yes ☐ No

41) Additional Details

_____

_____

_____

SECTION L – EMERGENCY PET ACCOMMODATION BENEFIT

(Applicable only for Pet Third Party Liability Claims)

42) Was the Policyholder Hospitalized?

☐ Yes ☐ No

43) Hospital Name: _____

44) Hospitalization Period: _____

45) Pet Boarding Facility Name: _____

46) Boarding Period: _____

47) Amount Claimed (₹): _____

SECTION M – EXTENDED PET STAY BENEFIT

48) Reason for Extended Stay:

☐ Flight Delay ☐ Flight Cancellation ☐ Natural Disaster ☐ Strike ☐ Hospitalization ☐ Other

49) Original Return Date: _____

50) Actual Return Date: _____

51) Extended Boarding Period: _____

52) Amount Claimed (₹): _____

SECTION N – BUNDLE OF JOY BENEFIT

53) Date of Delivery: _____

54) Number of Offspring: _____

55) Veterinarian Name: _____

SECTION O – OTHER INSURANCE DETAILS

49) Is the Pet covered under any other Insurance Policy?

☐ Yes ☐ No

56) If Yes: _____

57) Insurer Name: _____

58) Policy Number: _____

59) Sum Insured: _____

60) Has Claim Been Submitted to Another Insurer?

☐ Yes ☐ No

61) Amount Claimed Elsewhere (₹):

62) Amount Settled Elsewhere (₹): _____

SECTION P – PAYMENT DETAILS

63) Proposer (Beneficiary) Account Holder Name (as per bank account): _____

64) Bank Name: _____

65) Branch Name and Address: _____

66) Account Number (as appearing in the cheque book): _____

67) IFSC Code: _____

68) MICR No. _____

69) Account Type: Saving _____ Current: _____Cash Credit

I / we authorise Insurance Company / TPA to contact me/us through SMS/ Email/ WhatsApp for any update on this claim

SECTION Q – DECLARATION

☐ I/We hereby declare that all particulars, statements and information furnished in this claim form are true, complete and correct to the best of my/our knowledge and belief. I/We authorize Bajaj General Insurance Limited and its authorized representatives to obtain information from veterinarians, veterinary clinics, hospitals, diagnostic centres, boarding facilities, legal authorities or any other person/entity relating to this claim for verification and settlement purposes. I/We understand that any misrepresentation, non-disclosure or fraudulent submission may result in rejection of the claim and forfeiture of benefits under the Policy

☐ I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC

Date: ____ /____ /_____

Place: _____

_____
* Signature of Policyholder / Pet Parent

Name: _____

****Indicative list of cover-wise, required claim documents
The Company reserves the right to seek additional documents/information as may be required for assessment and adjudication of the claim on a case-to-case basis

DOCUMENT CHECKLIST AS PER APPLICABLE BENEFITS

Common Documents (Applicable to All Claims)

Duly Completed Claim Form ☐

Vaccination Certificate ☐

Veterinary Medical Records ☐

Pet Identification / Microchip Details (if available) ☐

Cancelled Cheque ☐

NEFT Details ☐

Any additional documents requested by the Company. ☐

Base Cover Documents

Cover	Documents Required
In-Patient Hospitalization / Confinement	Admission Record, Discharge Summary, Itemized Bill, Paid Receipts, Diagnostic Reports, Prescriptions
Pre-Hospitalization	Consultation Records, Diagnostic Reports, Pharmacy Bills, Prescriptions, Paid receipts
Post-Hospitalization	Follow-up Consultation Records, Discharge Summary, Pharmacy Bills, Prescriptions, Paid receipts
Day Care Treatment	Admission /Procedure Record, Diagnostic Reports, Bills & Receipts
Organ Donor Expenses	Donor Owner consent form, Donor Records, Surgery Notes, Diagnostic Reports, Bills, Paid receipts. **Operating Veterinarian's Declaration / Certificate** • Name and registration number of veterinarian. • Confirmation that the transplant was conducted in accordance with applicable laws and professional standards.
Road Ambulance	Ambulance Invoice, Receipt, Medical Necessity / Emergency Transfer Certificate issued by the Treating Veterinarian
Emergency Pet Accommodation	Policyholder Hospitalization Records, Discharge Summary, Boarding Facility Invoice & Receipts
Pet Assurance	Death Certificate / Euthanasia Certificate OR Police Complaint & Search Evidence for Missing Pet, Details of the New Pet to be enrolled

Optional Cover Documents

Cover	Documents Required
Air Ambulance	Air Ambulance Invoice, / Medical Necessity /Emergency Transfer Certificate issued by the Treating Veterinarian, Transfer Records, Hospitalisation Records Copy of Air Ambulance Operator's Licence, Air Operator Permit (AOP), or any other evidence confirming that the Air Ambulance service provider was duly licensed by the competent authority to operate air ambulance services.
Long Term Care Cover	Diagnosis Certificate, Diagnostic Reports, Treatment Records
Cost of Prescribed External Medical Aid	Prescription, Purchase Invoice, Receipt, Medical necessity
Global Cover	Pet Passport, Visa, Travel Documents, Overseas Medical Records, Overseas Hospital Bills, ROMIF (Release of Medical Information Form)
Extended Pet Stay Benefit	1. Flight Delay / Cancellation Certificate, airline

	communication confirming the delay/cancellation, **2.** Pet Boarding Facility invoice and receipts specifying the original boarding period, extended boarding period and additional charges incurred, travel documents, and where applicable, overseas hospitalization records, discharge summary, medical certificate confirming inability to travel, or death certificate due to sickness/accidental injury preventing travel on time
Finding Your Pet Benefit	Police Complaint, Advertisement Copy, Expense Proof, Ownership Proof
Bundle of Joy Benefit	Veterinary Certificate Confirming Delivery, Medical Records of the Insured Pet
Paw Promise Benefit	Death Certificate/Euthanasia Certificate OR Police Complaint & Search Evidence (as applicable)
Pet Third Party Liability	FIR, Legal Notice, Court Orders, Photographs, Witness Statements, Damage Assessment, Medical Records of Injured Third Party (as applicable)

It is mandatory to keep your policy with updated contact (Mobile No., Email ID and PAN Card) and bank account details, to process any of your service requests faster and hassle-free in future.

You can update the same through

Bajaj General App: http://onelink.to/v9zp7c,

WhatsApp Service (Say 'Hi' on WhatsApp- +91 75072 45858),

Contact our 24-Hour Call Center at 1800-209-5858, 1800-102-5858, Give a Missed Call on 8080945060, SMS "WORRY" to 575758,

Email- careforyou@bajajgeneral.com

website- https://www.bajajgeneralinsurance.com/general-insurance.html

contact your agent or nearest branch.