

(This is required on a stamp paper of Rs. 200 in the name of any one of the parties of the first part. The document must be notarized on all pages.)

INDEMNITY BOND/UNDERTAKING

To

The Claims Manager

Health Administration Team

Bajaj Allianz General Insurance Company Ltd

Bajaj Finserv, 2nd Floor, Behind Weikfield IT Park,

Off Nagar Road, Viman Nagar,

Pune – 411 014.

Dear Sir or Madam,

We,

(Name with relationship with the deceased, Age and Occupation of the legal heirs)

1.

2.

3.

All residing at: _____ (Full address), do hereby solemnly affirm and declare as under:

(Which expression shall unless repugnant to the context mean and include their hires, executors, administrators, authorized signatory, power of attorney holder and assignees etc...)

do hereby state as follows and firmly bound our self unto you (The Bajaj Allianz General Insurance Company Ltd.), jointly and severally and estate to indemnify you in the whole some amount in consideration of you having paid the said amount to us in the following circumstances:

1. _____ (Name of the deceased) was insured with you for the PA / Health Coverage due to the accidental injury for the death / death due to medical illness / injury caused to Mr./Mrs. _____, and requested to you to pay the said amount of Rs. _____/- (In Word Rupees _____ Only) Towards full and final settlement in the said PA claim / Health claim for the death / injury of Mr./Mrs. _____. That we do hereby state and declare that we are only Legal heirs of the deceased/injured.

2. AND WHEREAS believing and considering the facts and documents placed before you by us, you have been placed to settle the said PA claim / Health claim and the same have received by us as being only legal heirs of deceased/injured from you in full and final settlement of all PA claims / Health claim for the death/injury caused to Mr. /Mrs. _____, in the accident dated _____.

3. We further bound our self that we are the only legal heirs and in the event any other person or persons lawfully claiming and demanded the said amount from you, we all hereby agree to indemnify / repay the said amount and keep indemnified to you against all loss, cost, charges and expenses that you may incur or suffer on account of any person or persons establishing his / their claim in that behalf.

4. We understand that as per your requirements, we have to produce a succession certificate / letter of Administration from the competent Authority to claim the said PA claim / Health claim amount of Rs. _____/- (In Word Rupees _____ only) of late Mr. /Mrs. _____. As we are in urgent need of funds for the upkeep our self and obtaining of succession certificate / letter of Administration from competent Authority will take a long time, at our request you have paid the said claim amount to us in view of our urgency. Hence, in consideration of you have paid the claim amount, we undertake to indemnify you and

also produce the succession certificate/letter of Administration from competent Authority whenever you required.

5. We hereby relinquish all our rights, title, interest and claims in the said PA claim / Health claim in your favour in consideration of we have received said admissible claim amount from you.

6. We further agree and bind that we shall sign all necessary papers and documents whenever required for all such proceedings connected therewith.

7. If in any case, it turn out that the representation made by us and contents herein was false, then we jointly and severally agree to indemnify to you to the extent of the amount received with all interest and all other charges and expenses incurred by you in that behalf.

WITNESS

1. NAME _____ (1)

ADDRESS _____ (2)

SIGNATURE _____ (3)

2. NAME _____

ADDRESS _____

SIGNATURE _____