

Need to claim?

We won't play the claim game!

Zuno Group Total Protect Policy

Claim Form

Instructions:

1. This form should be filled in by the insured person/claimant
2. Issuance of this form does not imply acceptance of liability
3. Please fill all the details in BLOCK LETTERS
4. All fields in this form are mandatory
5. If there is any other information to be provided, please write the same in a separate sheet, sign the sheet and attach it to this form

Section A – Details of insured person

a) Master policy No.:

b) Certificate No.:

c) Company/TPA/ASP/Policyholder issued ID card no.:

d) Name of insured Person: _____ e) Photo identity proof: _____

f) Passport No: (wherever applicable)

g) Address as per photo identity proof: _____

City: _____ State: _____ Country: _____

Landmark: _____ Postal code:

Date of joining/associating:

Phone No: Email: _____

h) Name of company (if applicable): _____

Employee No: Branch location: _____

Section B – Details of insured person/claimant claiming for coverage under the policy

a) Name of the insured person/ claimant: _____

b) Photo identity card No: c) Gender: Male Female Third Gender

d) Age: Years Months e) Date of birth:

f) Relationship with Primarily Insured: Self Spouse Child Father Mother Other (Please Specify) _____

g) Occupation: Service Self-employed Homemaker Student Retired Other (Please Specify) _____

h) Current Residential Address (if different from above) _____

City: _____ State: _____ Country: _____

Landmark: _____ Postal code:

Phone Number: Email: _____

i) Loan Details: Loan A/c no:

Loan Start Date: Tenure: Name of Bank/ Financial Institution: _____

Address of Bank / Institution: _____

