AMERICAN EXPRESS® CORPORATE CARD

INSURANCE NOMINATION FORM

AMERICAN EXPRESS

Insurance Nomination Form (Mandatory)

(For American Express Corporate Cardmembers Only)

Beneficiary Information

This Insurance Nomination Form is a part of and subject to the terms and conditions of the Bharti AXA Insurance Policy for Corporate Cardmembers ("Insurance Policy"). Please note that American Express is only involved in the facilitation of the Insurance Policy, and is not liable for any claims under the Insurance Policy. Any claims and correspondence related to the Insurance Policy, including in relation to this nomination form must be directed to Bharti AXA General Insurance Company Limited, hereinafter referred to as "the Company".

Please nominate the beneficiary to your insurance coverage under the terms of the Insurance Policy by filling up this Form and returning it to Bharti AXA General Insurance Company Limited.

Note: In case the beneficiary is a minor, appointee details will need to be provided to Bharti AXA separately.

I, _____ do hereby assign the monies payable by Bharti AXA General Insurance Company Limited in the event of my death to claim share (in %) _____

to _____, my
(Name of the person)

_____
(Relationship to the insured)

who is the son/daughter of _____

residing at _____

I further declare that his/her receipt shall be sufficient discharge to the Company.

Cardmember's Name: _____

Date of Birth (in DD/MM/YYYY): _____

Card number: | | | | | | | | | | | | | | | |

Cardmember's Signature: _____

Date: _____

Witness Name: _____

Address: _____

Witness Signature: _____

Date: _____

WORLD SERVICE

Note: In case you want to nominate multiple beneficiaries, please do fill the beneficiary information separately for each beneficiary. You are also required to mention the claim share for each of the beneficiaries in that case. In case only one beneficiary is nominated, 100% of the claim share would be assigned to that beneficiary.

Beneficiary Information

Please nominate the beneficiary to your insurance coverage under the terms of the Insurance Policy by filling up this Form and returning it to Bharti AXA General Insurance Company Limited.

I, _____ do hereby assign the monies payable by Bharti AXA General Insurance Company Limited in the event of my death to claim share (in %) _____

to _____, my
(Name of the person)

_____
(Relationship to the insured)

who is the son/daughter of _____

residing at _____

I further declare that his/her receipt shall be sufficient discharge to the Company.

Cardmember's Name: _____

Date of Birth (in DD/MM/YYYY): _____

Card number: | | | | | | | | | | | | | | | |

Cardmember's Signature: _____

Date: _____

Witness Name: _____

Address: _____

Witness Signature: _____

Date: _____

Please complete and return this Form to:
Bharti AXA General Insurance Company Limited
SCO 20 2nd Floor Sector 14 Old Delhi Road Gurugram 122001,Haryana

To register a claim:
You could call Bharti AXA Helpline No. 1800-103-5243 or contact at: amexsupport@bharti-axagi.co.in

Corporate Card Number: | | | | | | | | | | | | | | | |

Bharti AXA Travel Assure -Group Overseas Travel Insurance UIN: BHATGOP19109V011819
Bharti AXA General Insurance Company Limited, IRDAI Reg No:139, 19th Floor, Parinee Crescenzo, G-Block, Bandra Kurla Complex, Opposite MCA Club, Bandra (E), Mumbai - 400051.
Group Personal Accident UIN: BHAPAGP19021V011819
Bharti AXA General Insurance Company Limited, 1st Floor, Hosho Centre, No. 43, Millers Road, Vasanth Nagar, Bangalore- 560052. IRDAI Reg. No. 139. Corporate Identification No. U66030KA2007PLC043362