

GROUP PERSONAL ACCIDENT - CLAIM FORM

Policy	State Bank of India – Salary Account Holders	Claim No.:	
		Date of Claim registration:	
Please tick one:	Policy no. 1111342914000034 for policy period 04/01/2014 to 03/01/2015	<input type="checkbox"/>	
	Policy no. 1111352914000038 for policy period 04/01/2015 to 03/01/2016	<input type="checkbox"/>	

1. Name of the Insured (Deceased)				
2. Salary Account No. with SBI				
3. Name & Code of SBI Branch				
4. Address of the Claimant #	Flat No/ Door No.		Building name	
	Road			
	Area			
	City		Pin code	<input type="text"/>
	State			
	Phone No.			
	Mobile No.			
E-mail Id				
5. Details of the Accident				
a. Date of accident:				
b. Time of accident:				
c. Place of accident:				
d. Date of death:				
e. Claim Amount:				
f. Particulars of accident:				
6. Documents submitted (Tick the box)				
a) Attested copy of FIR Report *	<input type="checkbox"/>	g) NEFT form of claimant	<input type="checkbox"/>	
b) Attested copy of Post Mortem Report	<input type="checkbox"/>	h) Other suitable document to prove legal heirship in case claimant is not a nominee/joint account holder as per Bank's record	<input type="checkbox"/>	
c) Attested copy of Death Certificate	<input type="checkbox"/>	i) * For armed forces: Defence Authority report in case FIR is not available.	<input type="checkbox"/>	
d) Bank's Branch Manager certificate	<input type="checkbox"/>	Additional Requirement:		
e) PAN card copy of the Claimant. if not available, then form 60)	<input type="checkbox"/>	Viscera Report / chemical analysis report in case where post mortem report shows the cause of death due to poisoning or alcohol or any substance abuse.	<input type="checkbox"/>	
f) Original Cancelled cheque of Bank account in the name of the Claimant/ or Photo copy of the first page of the Bank Pass Book containing the name of account holder, Bank account number, IFS code.	<input type="checkbox"/>			

I/We hereby declare that the foregoing statements made by me/us are true in all respects, that I/We have not attempted to conceal from the Company anything with which it ought to be made acquainted and that if I/We have made or in any further declaration the Company may require shall make any false or fraudulent statement or untrue averment whatever, the Claim shall be void and my/our right to compensation forfeited. I am/We are willing if required, to make and provide to the Company a statutory Declaration of the whole of the foregoing statement or of any other statement made in connection with this claim.

Name of Claimant.#..... Signature of claimant #

Mobile no.

should be of the same person