



## Annexure 5

**National Insurance Co. Ltd.,**  
Mumbai Corporate Regional Office,  
Royal Insurance Building,  
2<sup>nd</sup> Floor, 14, Jamshedji Tata Road,  
Churchgate, Mumbai 400 020  
**Fax No : 022 22026496**  
**email : 251100@nic.co.in**

### GROUP PERSONAL ACCIDENT (PAI)/ AIR ACCIDENT (AAI)- CLAIM FORM

*Issuance of this form is not to be taken as an admission of liability*

Policy	State Bank of India – Salary Account Holders	Claim No.:	
		Date of Claim registration:	
	Policy no.251100/42/15/8200000090 . policy period 04/01/2016 to 03/01/2017		

1. Name of the Salary Account holder (Deceased)			
2. Salary Account No. with SBI			
3. Name & Code of SBI Branch			
4. Name and Address of the Claimant (Beneficiary) #	Name :		
	Flat/ Door No	Building name	
	Road		
	Area		
	City	Pin code	
	State		
	Phone No.		
	Mobile No.		
	E-mail Id		

5. Details of the Accident			
a. Date of accident:		b. Date of death :	
c. Time of accident:		d. Place of accident:	
e. Particulars of accident:			
6. Claim Amount:	PAI – Rs.	: AAI – Rs.	

7. 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) Death Certificate -ORIGINAL <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"/>	j) for air Accident : Bank statement indicating purchase of Air ticket using SBI Debit card <input type="checkbox"/>
e) PAN card copy of the Claimant. if not available, then form 60) <input type="checkbox"/>	Additional Requirement:
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"/>	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"/>

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.#.....  
# should be of the same person

Signature of claimant # .....