

GROUP PERSONAL ACCIDENT/ AIR ACCIDENT - 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.:	
Claim Intimation No.		Date of Claim Registration:	
Policy No. A0869238 Policy Period 04/01/2017 to 03/01/2018			
1. Name of the Salary Account holder (Deceased)			
2. Salary Account No. with SBI			
3. Name of SBI Branch			
4. Code No. of SBI Branch			
5. Name of Claimant			
6. Address of Claimant (Complete address with Pin code)			
7. Details of the Accident			
A. Date of Accident:			
B. Time of Accident:			
C. Place of Accident:			
D. Date of Death:			
E. Particulars of Accident:			

ANNEXURE 5

F. Claim Amount:	PAI	Rs.
	AAI (INR);	Rs.
	Total (INR):	Rs.
	Add-on Covers:	Rs.

8. Documents Submitted (Tick the box)

a. Attested Copy of FIR Report <input type="checkbox"/> b. For Armed forces: Defence Authority report in case FIR is not available <input type="checkbox"/> c. Attested Copy of Post Mortem Report <input type="checkbox"/> d. Attested Copy of Death Certificate <input type="checkbox"/> e. Bank's Branch Manager Certificate on Bank Letterhead Annexure 6 <input type="checkbox"/> f. PAN card copy of the Claimant. if not available, then form 60) <input type="checkbox"/>	g. Original Cancelled Cheque of Bank Account in the Name of the Claimant / or Photocopy of the first page of the Bank Passbook containing the Name of Account Holder, Bank Account Number, IFSC Code. <input type="checkbox"/> h. NEFT Form of Claimant <input type="checkbox"/> i.. For Air Accident : Bank statement indicating purchase of Air ticket using SBI Debit card / Internet Banking <input type="checkbox"/> j. Additional Requirement 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"/>
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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.

Signature of Claimant

Full Name of Claimant

E Mail of Claimant Signing Above

Mobile Number of Claimant Signing Above

ANNEXURE 5

Claim Documentation Specific to Additional Covers under the Policy

A. Cost of Plastic Surgery/ Burns

- i. Original Discharge Summary containing all relevant details
- ii. Treating Doctor's/Surgeon's Certificate
- iii. All Original Bills and their Receipts
- iv. Copies of all Reports & prescriptions
- v. First Prescription / Consultation Letter from your Doctor.
- vi. Original Money Receipt duly signed with a Revenue Stamp.

If the above documents have been submitted to another insurer and balance amount is being claimed under this policy, then copies of all the above documents can be submitted alongwith a letter from the insurer stating that original documents have been retained by them and the final amount settled by them.

B. Transportation of Imported Medicine – Prescription, copy of medicine invoice and invoice copy of freight expenses mentioning details of the medicine imported, country from which it is being imported, date and price of the medicine and freight expenses.

C. Death after Coma – Medical certificate mentioning the duration of coma (start and end of coma period) supported by Discharge Summary and Indoor Case Papers.

D. Air Ambulance Cover – Original Bill and Receipt for the Air Ambulance mentioning date of travel, sector (from / to place) and total amount. Attending Doctor's Certificate.

E. Girl Child Education Fund – copy of admission confirmation or certificate from educational institute stating details of full time course in a recognized college in India for graduation alongwith duration of the course and date of enrolment.

F. Marriage Expenses For Girl Child – Birth Certificate / Date of Birth proof of girl child. Document must show relationship of child with insured member.

G. Family Transportation – Ration Card, Original Bill, Receipt and Travel Tickets showing Date of Travel, Sector (From / To) and amount incurred.

H. Mortal Remains – Original Bill and Receipt for transport of mortal remains showing date and sector (From / To)