GROUP PERSONAL ACCIDENT INSURANCE POLICY

E-mail Id

Is relative of Claimant?

1800 22 1111 | 1800 102 1111 www.sbigeneral.in

Claim Form (For SBI Savings Bank Account Holders Only) Issuance of this form does not amount to admission of any liability or a waiver of any of the terms and conditions of the insurance contract. If any claim is in any manner dishonest or fraudulent, or is supported by any dishonest or fraudulent means or devices, whether by the Insured Person/Claimant or anyone acting on $behalf of the \ Insured \ Person, then \ the \ benefits \ under \ this \ policy \ shall \ be \ void \ and \ all \ benefits \ paid \ under \ it \ shall \ before feited.$ Policy No. Claim No. Period of Insurance From A. DETAILS OF INSURED/CLAIMANT Name of the Claimant Name of the Insured Designation (if applicable) Relationship with Insured Date of Birth Gender Male Female Plot No/Door No **Building Name** Address Road Area City District State Pincode Contact Details Phone No. Mobile E-mail Id **B. DETAILS OF ACCIDENT/INCIDENCE** Time of Loss A.M. / P.M. 1. Date of Accident/Incidence 2. Cause of Accident/Incidence Details of Accident/Incidence Accident/Incidence Location Address City District State Pincode Were there any witness to the Accident/Incidence? Yes No If 'Yes', provide details, Name of Witness Address of Witness Plot No/Door No **Building Name** Road Area City District State Pincode Phone No. Mobile Contact Details

No

Yes

Version 1.1, Sept. 2012

	Ltd.
۰	_
	Ľ
	e Broke
	e Brok
,	7
	<u></u>
	ర్త
	듄
	Ħ
	\mathbf{z}
۱	Ξ.
	oyal Insurance
	\geq
	9
۲	oker : Loyal Insurance
	H
	sroker
	Ō
Ć	
	1
	п
	om
	com.
	ck.com
	lick.com - 1
	tclick.com
	затсиск.com
	reatclick.com
	sureatclick.com
	ınsureatclıck.com
	v.insureatclick.com
	ww.insureatclick.com
	www.insureatclick.com
	n www.insureatclick.com
	om www.insureatclick.com
	from www.insureatclick.com
	ınsureatch
	ed from www.insureatch
	Jownloaded from www.insureatclick.com

	C. INFORMATION TO POLI	CE AU	TH	ORIT																							
1.	Has the loss been reported t	o Polic	e A	uthori	ty?													Ye	es		No	,					
	If 'No', reason for not reporting	9																									
	First Information Report No.										٨	Лedic	o l	_egc	I Case	e (MLC)	No).									
	Report Date	D	D	M	ΛY	Υ	Υ	Y																			
	Address of Police Station	Plot N	lo/[Door N	lo. [В	uilding	g Name											
		Road												_ A	rea												
		City												D	istrict												
		State												Pi	ncode	9											
	Contact Details	Phone	e No	o.										Μ	obile												
		E-mai	l ld																								
2.	Was the person moved to ho	spital	imn	nediat	ely at	ter the	e acci	iden	t?									Ye	es		No	,					
3.	If 'Yes', Name of Hospital		П											Τ			Τ										
	Address of Hospital	Plot N	lo/[Door N	lo. [Ī						В	uilding	y Name								j		İ	
		Road] A	rea												
		City												D	istrict												
		State												Pi	ncode	9											
	Contact Details	Phone	e No	o										M	obile												
		E-mai	l ld																								
4.	Date of Admission	D	D	M	ΛY	Υ	Υ	Y							Do	ite of D	isch	arge	D	D	М	М	Υ	Υ	Υ	Y	
	D. DETAILS OF OTHER INS							_										7 ,,									
١.	Is the Accident/Incidence co If 'Yes', specify details and at			,			rance	9.7									L	Ye	!S		No						
	Name of Insurer		Ť		Ť	Í			\top	Τ] _F	olicy	No.							\top	
	Policy Issuance Office Location				Ť		Ť	T	Ť	Ť	T						_	ium I		└── ed (F	Rs.)				Ť	Ť	
	Period of insurance	From	D	D I	M N	ΛΥ	Υ	Υ	Y	o D	D	М	N	1 Y	Y	YY]				, [
	E. FOR WHICH BENEFIT D	O YOL	CL	LAIM?	[PLE	ASE	TICK	(√)	THE	APP	ROF	PRIA	TΕ	BO													
L	Benefit																						mo	unt (Claim	ed	
	Accidental Death																										
	F. PAYEE DETAILS																										
1.	Payable to		lom	ninee			Polic	yho	lder																		
2.	Payable Details		hec	que			NEF	T							_												
	Bank Name		\prod						\prod	\perp] B	ank Bra	ınch									\perp	
	Bank Account No.] IF	SC Cod	de										
	MICR No.														P.	AN No.											

Note: It is agreed that the Policyholder/Claimant will intimate in writing to SBI General about any change in bank account details. Please attach a cancelled cheque pertaining to the same account.

.	
Ĭ.	
3rokers	
Insurance	
Loyal	
oker:	
<u>-</u>	
<u> </u>	
ı	
om	
.insureatclick.c	
atclick	
'.insureatclick	
'.insureatclick	
'.insureatclick	

I/We, the above named, do here I/We have made, or make in any or concealment, my/our claim sh	further declaration, the Company may requir	f, warrant the truth of the foregoing e in respect of the said accident, ar	g statements in every respect; and I/We agree that if ny false or fraudulent statement, or any suppression
Place Date D M M Y Y	YY	Signature of Insured/Claimant	nt
ANNEXURE I: TO BE COM	PLETED BY NOMINEE IN THE EVENT OF	INSURED'S DEATH	
1. Name of Nominee	S U R N A M E M	I D D L E N A M	E FIRSTNAME
2. Relationship with Insured		Date of Birth	D D M M Y Y Y
3. Address	Plot No/Door No.	Building Name	
	Road	Area	
	City	District	
	State	Pincode	
4. Contact Details	Phone No.	Mobile	
16 1. 11	E-mail ld		
If nominee is minor, kindly prov 5. Name of Guardian	S U R N A M E M	I D D L E N A M	E FIRSTNAME
Relationship with Insured		Date of Birth	D D M M Y Y Y Y
7. Address	Plot No/Door No.	Building Name	
	Road	Area	
	City	District	
	State	Pincode	
8. Contact Details	Phone No.	Mobile	
	E-mail Id		
statement, suppression or conce I/We also hereby declare that I o	nt the truth of the foregoing particulars in evealment, my/our right to compensation shall am/we are accepting the amount in full disc demnified in the event of any claim under the	be forfeited. harge of your obligations under th	ne policy to the Insured Person and /or his/her
Place		Signature ———	
Date D D M M Y Y	YY	Name of Nominee —	

G. ANY OTHER INFORMATION YOU MAY WISH TO PROVIDE

	C	,
١	_	
	·	,
	į,	i
	Ÿ	i
	Ç	į
4	₹	
	4	•
	ະ	ï
	≘	
	52	
	Ξ	5
	Ě	í
۲		
٦	æ	į
	23	_
	Ç	1
۲	_	•
		•
	ď	
-	×	į
	۲	
Ĺ	Υ	١
	1	
	Ξ	
	E	
	COI	
	K.Com	
	1CK.COT	•
	Clck.com	•
-	atclick.com	•
-	eatclick.com	•
-	ireatclick.com	•
-	Isureatchek com	•
	insureatclick.com	•
	W.Insiireatclick.com	•
	vw.insiireatclick.com	•
	vww.insiireatclick.com	•
	www.insiireatclick.c	
	υww.insiireatclick.c	
	www.insiireatclick.c	The state of the s
	υww.insiireatclick.c	
	υww.insiireatclick.c	The state of the s
	υww.insiireatclick.c	The state of the s
	υww.insiireatclick.c	The state of the s
	υww.insiireatclick.c	The state of the s
	υww.insiireatclick.c	The state of the s
	υww.insiireatclick.c	The state of the s
	υww.insiireatclick.c	The state of the s

Accidental Death:		
Duly signed Claim Form duly signed and att	tested by Authorised SBI Official	
Original Certificate of Insurance duly signed	and attested by Authorised SBI C	Official
Copy of Death Certificate attested by issuing	g authorities	
Copy of Final Police Report attested by issui	ng authorities	
Copy of FIR / MLC Copy / Spot Panchnama	/ Inquest Panchnama attested by	issuing authorities
Affidavit from the legal heirs of the decease	d (in case nomination has not be	en filed by deceased)
Copy of Post Mortem Report attested by issu	uing authorities	
Attested translated copies of FIR and other	documents if in local language	
the Claim		
the Claim. H. STATE BANK OF INDIA AUTHENTICATI	ON	
H. STATE BANK OF INDIA AUTHENTICATI		having account number
H. STATE BANK OF INDIA AUTHENTICATION This is to certify that Mr / Ms		having account number is / was covered under Group Personal Accident Master
H. STATE BANK OF INDIA AUTHENTICATION This is to certify that Mr / Ms	Branch, Branch Code	is / was covered under Group Personal Accident Master
H. STATE BANK OF INDIA AUTHENTICATI This is to certify that Mr / Ms in SBI	Branch, Branch Code	is / was covered under Group Personal Accident Master for Sum Insured Rs.4,00,000/ Yes No Not Applicable
H. STATE BANK OF INDIA AUTHENTICATI This is to certify that Mr / Ms in SBI Policy No. 137300-0000-00, Certificate No Nominee details which are provided above are vo	Branch, Branch Code alid as per our records.	is / was covered under Group Personal Accident Master for Sum Insured Rs.4,00,000/ Yes No Not Applicable
H. STATE BANK OF INDIA AUTHENTICATI This is to certify that Mr / Ms in SBI Policy No. 137300-0000-00, Certificate No Nominee details which are provided above are volume. The above information is true to best of my known	Branch, Branch Code alid as per our records. ledge and we agree to provide ar	is / was covered under Group Personal Accident Master for Sum Insured Rs.4,00,000/ Yes No Not Applicable by further information that may be required.

Bank Branch Seal: