



**UNITED INDIA INSURANCE CO. LTD.**

*DO- XI, Maker Bhavan No.-01, 1st Floor, Sir V. T. Marg, Mumbai -400 020*

**GROUP PERSONAL ACCIDENT/ AIR ACCIDENT CLAIM FORM**

**(TO BE FILLED BY NOMINEE/ CLAIMANT/ LEGAL HEIR)**

*Submission of this format for claim is not to be taken as an admission of liability.*

<b>Policy No. (State Bank of India)</b>	<b>1203004219P114083561</b>	<i>Address: DO – XI, Maker Bhavan No.1,1st floor, Sir V.T. Marg, Mumbai – 400 020. Phone No.022- 22624525/22624818 Fax No. : 022-22624579 Email Id: 120300@uiic.co.in/ sbigpaclaims@gmail.com</i>
<b>Policy Period</b>	<b>4.01.2020 to 03.01.2021</b>	

1	<i>Name of Salary Account holder</i>	
2	<i>Address of Claimant</i>	
3	<i>Reason of Death</i>	<i>Accident/ disease/suicide</i>
4	<i>Date of Death of Salary Account Holder</i>	
5	<i>Salary Package Account No.</i>	
6	<i>Name of the organization</i>	
7	<i>Name of Nominee/Joint Account holder in the salary package account</i>	
8	<i>Mobile Number of Nominee/ Joint account holder</i>	
9	<i>Contact Number of other close person/relative</i>	
10	<i>Details of SBI Branch where Salary Account is maintained</i>	<i>Branch Name:</i>
		<i>Branch Code:</i>
		<i>Place:</i>
		<i>State:</i>
11	<i>Claim Amount</i>	<i>PAI: Rs.</i>
		<i>AAI: Rs.</i>
		<i>Add on Covers: Rs.</i>

**Please ensure to submit following documents:**

**Documents to be submitted**

SI No.	Documents	Yes / No		Documents	<u>Yes/ No</u>
I	<b>Annexure 4:</b> Claim Intimation Form		VIII	<i>Viscera Report / Chemical Analysis Report in case where post mortem report shows the cause of death due to poisoning or alcohol or confirm after Viscera/Chemical Analysis Report</i>	
II	<b>Annexure 6:</b> Duly stamped and signed Certificate by SBI Branch Manager on Bank Letter head.		XI	<i>Aadhar Card of Nominee/Joint Account holder /Claimant in the salary package account</i>	
III	<b>Annexure 7:</b> Bank details/ NEFT Form of Nominee/Joint Account /Claimant holder in the salary package account		X	<i>PAN card copy of the Nominee/Joint Account holder/ Claimant in the salary package account. if not available, then form 60</i>	
IV	<i>Attested Copy of Death Certificate</i>		XII	<i>Attested copy of the first page of the Bank Passbook or cancelled Cheque containing the Name of Account Holder (claimant), IFSC Code of the Bank, Bank Account Number of Nominee/Joint Account holder/ Claimant</i>	
V	<i>Attested Copy of Post Mortem Report</i>		XII	<i>Other suitable document to prove legal heirship in case claimant is not a nominee / joint account holder as per Bank's record</i>	
VI	<i>Attested Copy of FIR Report</i>		XIII	<i>In case of multiple heirs, (consent from all the legal heirs)</i>	
VII	<i>Defence Authority report in case FIR is not available (For Armed forces)</i>				

I hereby declare that the foregoing statements made by me are true in all respects, that I have not attempted to conceal from the Company anything with which it ought to be made acquainted and that if I 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 right to compensation forfeited. I am 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.

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Signature of Nominee/Joint Account Holder/Claimant

**Date** .....