

**Annexure 5**

**IFFCO TOKIO General Insurance Company Limited**

AFL House, 2<sup>nd</sup> Floor, Lok Bharti Complex, Marol Maroshi Road,  
Andheri (E), Mumbai – 400 059 (Maharashtra)

**Email Id: [sbigpa@iffcotokio.co.in](mailto:sbigpa@iffcotokio.co.in)**

**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:	
<b>Policy No. 51964755 (Policy Period 04/01/2018 to 03/01/2019)</b>			
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:	
f. Claim Amount:	PAI (INR): AAI (INR): Total (INR): Add-on Covers:
<b>8. Documents Submitted (Tick the box)</b>	
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. Other suitable document to prove legal heirship in case claimant is not a nominee / joint account holder as per Bank's record. In case of multiple heirs, consent from (Annexure 5 A) <input type="checkbox"/> j. For Air Accident : Bank statement indicating purchase of Air ticket using SBI Debit card / Internet Banking <input type="checkbox"/> k. Additional Requirement Viscera Report / Chemical Analysis Report in case where post mortem report show the cause of death due to poisoning or alcohol or any substance abuse. <input type="checkbox"/> l. Aadhar Card of Claimant <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.

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**Signature of Claimant  
Claimant**

**Full Name of**

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**E Mail of Claimant Signing Above  
of Claimant Signing Above**

**Mobile Number**