



UNITED INDIA INSURANCE CO. LTD.

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

Annexure 5

GROUP PERSONAL ACCIDENT/ AIR ACCIDENT CLAIM FORM

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

Policy No. (State Bank of India)	1203004218P113494902	Fax No. : 022-22624579 Phone No. : 022- 22624525/22624818
Policy Period	04.01.2019 to 03.01.2020	Email Id:120300@uiic.co.in/ vtsangtani@uiic.co.in Correspondence Address: United India Insurance Co. Ltd., Divisional Office–XI, Maker Bhavan No.1, 1st floor, Sir V.T. Marg, Mumbai – 400 020.

1	Name of Salary Account holder	
2	Address of Claimant	
3	a) Date of Death	
	b) Date of Accident	
	c) Time of Accident	
	d) Place of Accident	
	e) Details of Accident	
4	Salary Package Account No	
5	Type of Salary Package Account	# CSP/DSP/PMSP/ICGSP/SGSP/CGSP/PSP/RSP/SUSP
6	Variant of Salary Package A/C :	@ Silver/ Gold/ Diamond/ Platinum
7	Name of the organization in case of DSP / PMSP / ICGSP	@ Army / Air Force / Navy / Indian Coast Guard/ Assam Rifle / Rashtriya Rifle / BRO (GREF) / BSF / CRPF / CISF / ITBP / SSB / NSG
8	Name of Nominee/Joint Account holder in the salary package account [If Available]	

9	Relationship of Nominee/ Joint Account holder with Account Holder [If Available]	
10	E Mail ID of Nominee (if available)	
11	Mobile Number of Nominee	
12	Details of SBI Branch where Salary Account is maintained	Branch Name:
		Code :
		Address:
13	Details of organization (Regiment/ Unit no. in case of DSP/PMSP/ICGSP also to be mentioned)	Name:
		Address:
14	Personnel / Force number in case of DSP / PMSP / ICGSP	
15	Claim Amount	PAI: (INR)
		AAI: (INR)
		Add on Covers: (INR)

Documents Submitted (Tick the box)	
Annexure 6 : Duly stamped and signed SBI Branch Manager's Certificate on Bank Letterhead	<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>
Annexure 7 : <i>NEFT Form of Nominee/Joint Account /Claimant holder in the salary package account</i>	<i>Aadhar Card of Nominee/Joint Account holder /Claimant in the salary package account</i>
<i>Copy of Death Certificate</i>	<i>PAN card copy of the Nominee/Joint Account holder/ Claimant in the salary package account. if not available, then form 60)</i>
<i>Copy of Post Mortem Report</i>	<i>Photocopy of the first page of the Bank Passbook or Cheque containing the Name of Account Holder, IFSC Code of the Bank, Bank Account Number of Nominee/Joint Account holder/ Claimant</i>
<i>Copy of FIR Report</i>	<i>Other suitable document to prove legal heir ship in case claimant is not a nominee / joint account holder as per Bank's record</i>
<i>Defence Authority report in case FIR is not available (For Armed forces)</i>	<i>In case of multiple heirs, (consent from all the legal heirs)</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.

Signature of Nominee/Joint Account Holder/Claimant

Date: