

C. INFORMATION TO POLICE AUTHORITY

1. Has the loss been reported to Police Authority? Yes No

If 'No', reason for not reporting

First Information Report No.

Medico Legal Case (MLC) No.

Report Date

Address of Police Station

Plot No/Door No.

Building Name

Road

Area

City

District

State

Pincode

Contact Details

Phone No.

Mobile

E-mail Id

2. Was the person moved to hospital immediately after the accident? Yes No

If 'Yes',

3. Name of Hospital

Address of Hospital

Plot No/Door No.

Building Name

Road

Area

City

District

State

Pincode

Contact Details

Phone No.

Mobile

E-mail Id

4. Date of Admission

Date of Discharge

D. DETAILS OF OTHER INSURANCE

1. Is the Accident/Incidence covered under any other Insurance? Yes No

If 'Yes', specify details and attach a copy of the policy

Name of Insurer

Policy No.

Policy Issuance Office Location

Sum Insured (Rs.)

Period of insurance

From

To

E. FOR WHICH BENEFIT DO YOU CLAIM? [PLEASE TICK (✓) THE APPROPRIATE BOX]

| Benefit | Amount claimed | Benefit | Amount claimed |
|--|----------------|---|----------------|
| <input type="checkbox"/> Accidental Death | | <input type="checkbox"/> Repatriation Benefit and Funeral Expenses | |
| <input type="checkbox"/> Permanent Total Disability (PTD) | | <input type="checkbox"/> Adaptation Allowance | |
| <input type="checkbox"/> Permanent Partial Disability | | <input type="checkbox"/> Family Transportation Allowance | |
| <input type="checkbox"/> Temporary Total Disability (TTD) | | <input type="checkbox"/> Ambulance Cover | |
| <input type="checkbox"/> Accidental Medical Expenses-As Inpatient/Outpatient | | <input type="checkbox"/> Broken Bones | |
| <input type="checkbox"/> Hospital Confinement Allowance | | <input type="checkbox"/> Loss of Books/Spectacles/Damage to Bicycles of School Children | |
| <input type="checkbox"/> Child education Support | | <input type="checkbox"/> Reimbursement of exam fees / school fees: | |
| <input type="checkbox"/> Loan Protector | | <input type="checkbox"/> Purchase of Blood | |
| | | TOTAL AMOUNT CLAIMED | |

F. PAYEE DETAILS

1. Payable to Nominee Policyholder
2. Payment Mode Cheque NEFT

Bank Name

Bank Branch

Bank Account No.

IFSC Code

MICR No.

PAN 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.

G. ANY OTHER INFORMATION YOU MAY WISH TO PROVIDE

I/We, above named hereby authorise any hospital, physician, Police & statutory authorities, relevant witnesses and /or relatives or other person who has attended or examined the insured, to disclose when requested to do so by SBI General Insurance Co. Ltd. or its permitted and authorised representatives, any and all information including any medical records or other relevant information. A photocopy of this authorisation shall be considered as effective and valid as original instruction on my / our behalf.

I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect; and I/We agree that if I/We have made, or make in any further declaration, the Company may require in respect of the said accident, any false or fraudulent statement, or any suppression or concealment, my/our claim shall be absolutely forfeited.

Place

Signature of Insured/Claimant _____

Date

Name of Insured/Claimant _____

ANNEXURE I: TO BE COMPLETED BY NOMINEE IN THE EVENT OF INSURED'S DEATH

1. Name of Nominee

2. Relationship with Insured

Date of Birth

Sex M F

3. Address

Plot No/Door No.

Building Name

Road

Area

City

District

State

Pincode

4. Contact Details

Phone No.

Mobile

E-mail Id

If nominee is minor, kindly provide the Legal Guardian details

5. Name of Guardian

6. Relationship with Insured

Date of Birth

7. Address

Plot No/Door No.

Building Name

Road

Area

City

District

State

Pincode

8. Contact Details

Phone No.

Mobile

E-mail Id

I/We hereby declare and warrant the truth of the foregoing particulars in every respect. I/We agree that if I/We have made or shall make false or untrue statement, suppression or concealment, my/our right to compensation shall be forfeited.

I/We also hereby declare that I am/we are accepting the amount in full discharge of your obligations under the policy to the Insured Person and /or his/her legal heirs. I/we will hold you indemnified in the event of any claim under this policy being made against you by any other person or persons.

Place

Signature _____

Date

Name of Nominee _____

H. ENCLOSURES CHECKLIST

Please attach following documents and tick appropriate box. (Please attach documents as per benefit claimed and tick appropriate box)

1. Accidental Death:

- Claim Form duly filled & signed
- Claim Intimation
- Police Copy
- Copy of FIR (First Information Report) / Spot Panchnama / Inquest Panchnama
- Death Certificate
- Death Summary
- Post Mortem Report
- Original Legal Heir Certificate (in case nomination has not been filed by deceased)

2. Permanent Total Disablement / Permanent Partial Disablement / Temporary Total Disablement:

- Claim Form duly filled & signed
- Claim Intimation
- Police Copy
- Copy of FIR (First Information Report) / Spot Panchnama / Inquest Panchnama
- Photograph of the injured with reflecting disablement
- Disability Certificate from appropriate Government Authority
- Medical Certificate from treating Doctor
- Leave Certificate from the Employer
- Investigation Reports
- Treatment Papers

3. Accidental Medical Expenses – As Inpatient / Outpatient:

- Same as the documents of List – 2, plus Medical Certificate from treating Doctor
- Investigation report
- Treatment papers

4. Hospital Confinement Allowance:

- Claim Form duly filled & signed
- Claim Intimation
- Policy Copy
- Copy of FIR (First Information Report) / Spot Panchnama / Inquest Panchnama
- Discharge summary

5. Child Education Support:

- All documents of List – 1 or List - 2, plus
- Study Certificate from the school of the dependent child mentioning the parent's name

6. Loan Protector:

- All documents of List – 1 or List - 2, plus
- Loan Approval Letter
- Loan Due Statement
- Last EMI paid proof

7. Repatriation Benefit and Funeral Expenses:

- All Documents of List – 1, plus
- Original Legal Heir Certificate (in case nomination has not been filed by deceased)
- Original Bills and payment receipt of funeral expenses
- Original Bills and payment receipt of repatriation expenses

8. Adaptation Allowance:

- All documents of List - 2, plus
- Original Bills and payment receipt of Adaptation done
- Prescription of the doctor mentioning the indication for Adaption

9. Family Transportation Allowance:

- All documents of List – 1 or List - 2, plus
- Original Bills and payment receipt
- Proof of the immediate family member such as Ration Card

10. Ambulance Cover:

- All documents of List – 1 or List - 2, plus
- Original Bills and payment receipt for Ambulance use
- Treating Doctor's consultation indicating need of Ambulance

11. Broken Bones:

- Same as the documents of List – 2, plus
- X ray Confirmation Report
- X ray Film

12. Loss of Books/Spectacles/Damage to Bicycles of School Children:

- Same as the documents of List – 2, plus
- Original Bills and payment receipt Loss of Books
- Original Bills and payment receipt Spectacles
- Original Bills and payment receipt of repair of Damage to Bicycles of School Children

13. Reimbursement of exam fees / school fees:

- All documents of List – 1 or List - 2, plus
- Original Bills and payment receipt-exam fees/school fees
- Letter from school for absenteeism

14. Purchase of Blood:

- All documents of List – 1 or List - 2, plus
- Bills and payment receipt – Purchase of blood
- Blood bank label for utilized blood
- Prescription of the doctor mentioning the indication of need of blood transfusion

Note: The Company reserves the right to seek additional documents (including KYC documents) and information as and when necessary for processing of the claim.