



## UNITED INDIA INSURANCE COMPANY LIMITED

REGD & HEAD OFFICE: NO 24 WHITES ROAD CHENNAI – 600 014

***The issue to this form is not to be taken as an admission of Liability***

### **Personal Accident Insurance Claim Form (Particulars) of Accident)**

Policy No. \_\_\_\_\_

Claim No. \_\_\_\_\_

#### **TO BE COMPLETED BY THE INSURED**

1. (a) Name of the Insured [in full] \_\_\_\_\_  
(b) Name of the injured Person \_\_\_\_\_  
(c) Address in full \_\_\_\_\_  
(d) Profession or occupation \_\_\_\_\_  
(e) Age at last birthday \_\_\_\_\_

- 2.
- | Policy No. | Sum Insured | Table of Cover | Period |
|------------|-------------|----------------|--------|
| (i)        |             |                |        |
| (ii)       |             |                |        |
| (iii)      |             |                |        |

3	a) Date of the accident? Time of accident? Place of Accident? Name and address of witness	
4	How did the accident occur ?	

5.	Nature of injury received (If to limb or eye state whether right or left)	
6.	a) Nature of disablement Extent of disablement Confined to bed Confined to house b) Present state of incapacity	[ from _____ To _____ ] [ from _____ To _____ ]
7.	Name and address of surgeon in attendance	
8.	a) Where and when can a Medical Officer of the Company visit you, if necessary ? Name of nearest railway station and distance therefrom	
9.	α) Are you insured in any other office or offices granting compensation for accident If so state name and address of company or companies and amount of insurance	

I hereby declare that the foregoing statements are made by myself and are true in all respect and that I have not attempted to conceal from the Company anything which it ought to be made acquainted and also that I have not abstained from any usual occupation longer than absolutely necessary and I agree that if I have made, or in any further declaration the Company may require, shall make any false or fraudulent statement or any suppression, concealment or untrue averment whatever, the Policy shall be void and my right to compensation forfeited and am willing, if required to make a Statutory Declaration before a Justice of the Peace of the truth of the whole of the foregoing statement or any other statement I may make a connection with this claim.

Witness:

Name \_\_\_\_\_

Signature of the Insured \_\_\_\_\_

Signature

Date :

Date

Address

**CERTIFIED TO BE FILLED UP AND SIGNED BY AN EYE WITNESS TO THE ACCIDENT**

I hereby certify that I was present when the Accident occurred to  
Mr. \_\_\_\_\_ On the \_\_\_\_\_ day of  
\_\_\_\_\_ 20 \_\_\_\_ in the manner stated by him over leaf, that it was  
caused by \_\_\_\_\_ which \* was / was not his willful act and that he \*  
was/was not under the influence of intoxicating liquor at the time

Signature

\_\_\_\_\_

Address \_\_\_\_\_

\* Strike out which is not applicable Occupation \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_

## MEDICAL CERTIFICATE

Claims must be Supported by medical Evidence furnished by the Insured and at his expense.

1.	(a)	Name of Claimant	(b) Sex	(c) Age
2.	(b)	Nature and cause of accident		
	(b)	If to eye or limb, state left or right		
	(c)	Whether the appearance of the Injuries are consistent with the account given of the accident.		
3.	Date on which you first attended Claimant for this injury			
4.	Has Claimant been totally prevented from attending to any portion of his business ? If so how long ?			
1.	Is Claimant suffering from any disease or illness apart From his injury and is there any illness by circumstances Which may tend to retard recovery? If so, give particulars?			
2.	Present Condition			
7.	How long from the happening of the Accident do you consider Total disablement will last ?			

Having personally examined the above named Insured I certify that the above statements are correct and that the injured person is necessarily disabled by the Accident referred to

Signature

\_\_\_\_\_  
Name & Qualification \_\_\_\_\_  
Address \_\_\_\_  
Date \_\_\_\_\_

REMARKS FOR EXTRA DETAILS

# Check List for GPA Claims

## **DOCUMENT CHECK LIST (Scan copy of documents followed by hard copy should be submitted in the event of claim)**

### **Personal Accidental (Death) claim**

- Completely filled Claim Form by the claimant
- Attested Legible Copy of Police F.I.R and Panchanama (For Armed forces: Defence Authority report in case FIR is not available). FIR is mandatory document.
- Attested copy of Post-Mortem Report.
- Attested copy of Death Certificate (Mandatory in all types of events of death)
- Letter from the Bank's Authorized Signatory certifying the account of the deceased.
- Notarized translations in English of any provided document which is in regional language.
- PAN card copy of the claimant and deceased member. If a PAN (Permanent Account Number) card copy is not available, then form 60 may be submitted.
- Original Cancelled cheque leaf of the claimant's bank account/ photocopy of the first page of the claimant's bank passbook containing the name of account holder, bank account number, IFSC code.
- NEFT details of the claimant/nominee certified by the claimant's bank.
- Other Suitable document to prove Legal heirs (Applicable in case if claimant is not a nominee/Joint account holder as per Bank's record)
- Viscera Report/chemical analysis report in case where post-mortem report shows the viscera is preserved. It is a mandatory requirement.
- Aadhar Card of the Nominee/Legal Heir and deceased member
- Hospital Paper/ Treatment Paper
- Discharge Summary
- Indoor Case Paper
- 1<sup>st</sup> page of passbook copy duly stamped by Bank showing Deceased member and Nominee, joint account holder as per bank record.
- Finacle screen shot of account showing account opening date and other details such as Nominee name and variant of operative account.
- Bank statement of Deceased member for 1 months prior to date of accident, highlighting salary entry and duly stamped by Bank.
- Application letter from Nominee to Bank requesting for claim.
- Letter / Declaration from Police authority confirming deceased member working with police and posting job location.

Insurance co may ask any additional document on case-to-case basis for any clarification required.

### **Disability Claims (PPD, PTD)**

- **Completely filled Claim Intimation form and Disability Claim Form duly signed by the claimant.**
- MLC (Medico Legal Case Paper) wherever applicable
- Medical Certificate from registered Doctor specifying the disability
- Letter from the Bank's Authorized Signatory certifying the account of the deceased. Disability certificate from Government approved Authority.
- Attested FIR copy with incident (For Armed forces: Defence Authority report in case FIR is not available)
- Hospitalization papers including indoor case paper, x-ray report, laboratory test report etc
- Clear visible Amputation Photograph of the Claimant, duly verified and stamp by branch.

Insurance co may ask any additional document on case to case basis for any clarification required.