**Annexure 1**



**UNITED INDIA INSURANCE CO. LTD**

**GROUP PERSONAL ACCIDENT/ AIR ACCIDENT /DISABILITY CLAIM CUM INTIMATION FORM**

**(SALARY PACKAGE A/C’s)**

**To be submitted for claiming Personal Accident Insurance (PAI) (death only) /Air Accident Insurance cover (AAI) (death only) within 90 days after date of death of Salary Package Account holder of CANARA BANK (Intimation may be advised through Email, Post, Telephone/ Fax) Issuance of this format for intimation of a claim is not to be taken as an admission of liability**. **Death/Disability due to accident only is covered under the Policy and account should be under Salary Package as on date of accident/death/disability)**

***#Do not leave any fields Blank, mark NA where not applicable.***

|  |  |  |
| --- | --- | --- |
| *Policy No.*  *(A/c Canara Bank)* | ***1202004225P101336111*** | Address (Documents to be submitted to):  United India Insurance co. Ltd  Property & Casuality claims hub  Maker Bhavan no. 1, 1st Floor, Sir V.t Marg,  New Marine Lines Churchgate,  Mumbai-400020 Maharashtra  Email ID - [120093@uiic.co.in](mailto:120093@uiic.co.in)  Land Line Number - 022-22624526,22642294 (Ext- 231) |
| *Policy Period* | *10.04.2025 to 09.04.2026* |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Name of Salary Account holder |  | | | | | | | | | | |
| 2 | Address in full |  | | | | | | | | | | |
|  | a) Date of Accident |  | | | | | | | | | | |
|  | b) Time of Accident |  | | | | | | | | | | |
| 3 | c) Place of Accident |  | | | | | | | | | | |
|  | d) Details of Accident |  | | | | | | | | | | |
|  | e) Date of Death |  | | | | | | | | | | |
| 4 | Salary Package Account No. |  |  |  |  |  |  |  |  |  |  |  |
| 5 | Customer ID No |  | | | | | | | | | | |
| 6 | Type of Salary Package Account (Tick the appropriate one) | DEFENCE  POLICE  OTHERS | | | | | | | | | | |
| 7 | Type of Salary Package Variant | Silver  Gold Diamond  Platinum | | | | | | | | | | |
| 8 | Name of the organization for DEFENCE/POLICE /OTHERS | |  | | --- | | Name of Employer: | | Department Name: | | | | | | | | | | | |
| 9 | Personnel/Force/Batch No./ Employee ID number |  | | | | | | | | | | |
| 10 | Details of Canara Branch where Salary Account was maintained | Branch Name: | | | | | | | | | | |
| Branch Code: | | | | | | | | | | |
| Place: | | | | | | | | | | |
| State: | | | | | | | | | | |
| 11 | Name of Nominee/Joint Account holder in the salary package account [as per Bank’s record] |  | | | | | | | | | | |
| 12 | Relationship of Nominee with Account Holder |  | | | | | | | | | | |
| 13 | Address of the Nominee |  | | | | | | | | | | |
| 14 | E Mail ID of Nominee (if available) |  | | | | | | | | | | |
| 15 | Contact Number of Nominee |  | | | | | | | | | | |

*Above information are true to the best of my / our knowledge and belief.*

**Signature of person Intimating Claim ……………………………………………………………………………….**

**Full Name of person Intimating Claim ……………………………………………………………………………….**

**Relationship with Deceased Account Holder ……………………………………………………………………….**

**Contact details of Person Intimating Claim**

**………………………………………………………………**

**Landline No ………………………………………….**

**Mobile No ………………………………………….**

**Email ID ……………………………………….**

**DOCUMENTS TO BE SUBMITTED ALONG WTH ANNEXURE 1 (Claim Form)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl No.** | **Documents** | **Enclosed (Yes / No** |  | **Documents** | **Enclosed Yes / No** |
| **I** | **Annexure 1:** Claim Form |  | **XI** | Aadhar Card of Nominee/Joint Account holder /Claimant in the salary package account |  |
| **II** | **Annexure 2:** Bank Certificate  Duly stamped and signed Certificate by Canara bank  Branch Manager on Bank Letter head. |  | **X** | PAN Card copy of the Nominee/Joint Account holder/ Claimant in the salary package account. if not available, then form 60 |  |
| **III** | **Annexure 3:**  Bank details/ NEFT Form of Nominee/Joint Account /Claimant holder in the salary package account |  | **XII** | 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 |  |
| **IV** | Attested Copy of Death Certificate |  | **XII** | Other suitable document to prove legal heirship in case claimant is not a nominee / joint account holder as per Bank’s record. Consent Form from Nominee (Original copy will be required) |  |
| **V** | Attested Copy of Postmortem Report |  | **XIII** | In case of multiple heirs, (consent from all the legal heirs) |  |
| **VI** | Attested Copy of FIR Report |  | **XIV** | Certified Copy of Final Police Investigation Report in case of train accident/drowning/murder |  |
| **VII** | Defence Authority report in case FIR is not available (For Armed forces) |  | **XV** | Last 3 months Salary Account Bank statement prior to date of Accident |  |
| **VIII** | Viscera Report / Chemical Analysis Report in case where postmortem report shows the cause of death due to poisoning or alcohol or confirm after Viscera/Chemical Analysis Report |  |  |  |  |