

NATIONAL INSURANCE COMPANY LIMITED

GROUP PERSONAL ACCIDENT/ AIR ACCIDENT /DISABILITY CLAIM cum INTIMATION FORM

(Civilian Salary, Pension and Deposit Account Holders of Bank of Baroda)

To be submitted for claiming Personal Accident Insurance (PAI) (death only) /Air Accident Insurance cover (AAI) (death only) within 180 days from date of Accident of Account holder of Bank of Baroda (Intimation may be advised through Email, Registered Post, Fax). Death/Disability due to Accident only is covered under the Policy and account should be under Insurance Package as on date of accident/death/disability)

(Disclaimer: Issuance/acceptance of this format should not to be taken as an admissibility of any liability.)

Policy No. (A/c Bank of Baroda Bank)	340100422410000046	Address (Documents to be submitted to): National Insurance Company Ltd
Policy Period	Policy effective from 00.00 hours, on 12-08-2024 to midnight of 11-08-2025	Corporate Business Office, Delhi Regional Office IV, 803 -B, Tower 3, 8th floor, Konnectus Building opp New Delhi Railway Station Ajmeri Gate Bhavbhuti Marg, New Delhi- 110002. Kind Attention: Misc-GPA Claim Dept. / 340100 (Visit us: https://nationalinsurance.nic.co.in/contact-us)

1	Name of Civilian Salary, Pension and Deposit Accountholder of Bank of Baroda	
2	Address in full	
3	a) Date of Accident b) Time of Accident c) Place of Accident d) Details of Accident e) Date of Death	
4	Civilian Salary, Pension and Deposit Account Account No with Bank of Baroda Bank Type of Account (Tick the appropriate one)	Civilian Salary <input type="checkbox"/> Pension <input type="checkbox"/> Deposit Account Holders <input type="checkbox"/>
5	Hospitalization Details	

6	Details of Bank of Baroda Branch where Account was maintained at the time of Claim	Branch Name:
		Branch Code:
		Place:
		State:
7	Name of Nominee/Joint Account holder in the account [as per Bank's record]	
8	Relationship of Nominee with Account Holder	
9	Address of the Nominee	
10	Contact Detail of Nominee	Mobile No: E-mail:
11	PAN Number of Deceased	
	PAN Number of Nominee	

#Do not leave any fields blank, mark NA where not applicable. All Pages to be signed.

Declaration from Nominee: I/We 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/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 right to compensation forfeited. I/We also understand and confirm that the settlement of this claim is to be done through Bank of Baroda and I/we will have 'No Objection' if Insurance company pay the final settlement of this claim to Bank of Baroda.

I/We understand the above provided details shall be subject to verification for the insurance claim requirement. I/We also acknowledge that merely issuance/acceptance of this form does not establish acceptance of any liability.

I/We am/are willing if required, to make and provide to the Insurance Company a statutory Declaration of the whole of the foregoing statement or of any other statement made in connection with this claim.

Full Signature of Nominee :

Full Name, Relationship and Contact Detail :
of person Intimating Claim

Note: The above requisite details/documents (in the attached list) are not exhaustive and any necessary details/documents may be sought at the time of Claim Process/Investigation. All coverages as per the Policy.

DOCUMENTS TO BE SUBMITTED ALONG WITH CLAIM FORM

SR No.	Documents	Enclosed (Yes / No)		Documents	Enclosed Yes / No
I	Annexure 1: Claim Form		IX	Aadhar Card of Nominee/Joint Account holder /Claimant in the account	
II	Annexure 2: Bank Certificate Duly stamped and signed Certificate by Bank of Baroda Branch Manager on Bank Letter head.		X	PAN Card copy of the Nominee/Joint Account holder/ Claimant in the account. if not available, then form 60	
III	Annexure 3: Bank Details/NEFT Form of Nominee/Joint Account /Claimant holder in the account		XI	Bank Certified copy of the first page of the Bank Passbook or canceled 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	
V	Attested Copy of Postmortem Report		XIII	In case of multiple heirs, (consent from all the legal heirs)	
VI	Attested Copy of FIR Report and Panchnama (Legible Copy)		XIV	Certified Copy of Final Police Investigation Report in case of train accident/drowning/murder (Legible Copy)	
VII	Vernacular Language Document in English Translation (Notarised copy)		XV	<ul style="list-style-type: none"> MLC (wherever applicable) Driving License (in case of Deceased Driving Vehicle) 	
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		XVI	<ul style="list-style-type: none"> Salary/Pension/Income Proof (at least of 3 Months) All Hospitalisation Record (Case Summary, Medical Records etc.) Any other Document necessary at the time of Claim Processing/Verification 	