



UNITED INDIA INSURANCE COMPANY LIMITED

(Regd. & Head Office: United India House, 24, Whites Road, Chennai – 600 014)

CIN: U93090TN1938GO1000108

PERSONAL ACCIDENT CLAIM FORM

To be submitted for claiming Personal Accident Insurance (Death / PTD / PPD) of account holders of Bank of India within 365 days after date of Death / Accident. Please return the form duly completed within 365 days of the accident together with the supporting documents.

The issue of this form does not constitute admission of liability.

1	Name of Account holder	
	Address in full of the Account Holder	
2	Details of Account Holder	
	a) Age of the Account Holder at the time of accident	
	b) Occupation	
	c) Account No.	
	d) Type of Account	
	e) Details of Bank of India Branch where Account is maintained	Name:
		Branch Code:
		Address:
3	f) Sum Insured Opted and Cover	
	Details of Accident	
	a) Date of Death	
	b) Date of Accident	
	c) Time of Accident	
	d) Place of Accident	

	e) Details of Accident	
	f) Was the injured person under the influence of drugs or intoxicating liquor at the time of accident.	
4	Details of Medical Treatment	
	a) Give details of medical attention given and the name & Address of the Medical Attendant.	
	b) If the Medical Attendant name above is not the injured Person's usual Medical Attendant, give the Name and Address of his / her usual Medical Attendant	
	c) Has he/she or any other Medical treated the injured Person previously for any illness or injury?	
5	Details of Nominee in case of Death Claims	
	a) Name of Nominee / Joint Account holder in the account [If Available]	
	b) Relationship of Nominee/ Joint Account holder with Account Holder [If Available]	
	c) Full Address of the Nominee	
	d) E Mail ID of Nominee (if available)	
	e) Mobile Number of Nominee	

Note: Please submit the following documents with translation in English if it is in regional language:

1. FIR
2. Panchnama
3. Postmortem report
4. Death Certificate
5. Any other documents pertaining to the claim

Note: Bank statement of Deceased member for 12 months prior to date of accident to be submitted duly certified by the Branch Manager.

The foregoing details are true to the best of my / our knowledge and belief.

Signature of person Intimating Claim

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Full Name of person Intimating Claim

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Relationship with Deceased Account Holder

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Contact details of person Intimating Claim

Landline No

Mobile No

Email ID

(Intimation may be advised through Email, Post, Telephone/ Fax)