# PRESENTATION ON YSR BIMA 2021-2022

## **CLAIMS REGISTRATION & UPLOADING**

Sri I. Narasimha Reddy, PD, DRDA-YKP, Ananthapuramu Sri G. Gangadhar Gowd Joint Collector (A&W) Ananthapuramu

# **Eligibility & Benefits under YSR BIMA**

#### Eligibility

Primary Bread earner of Rice card families having 18 to 70 years are eligible.

Benefits under the new YSR -Bima Scheme are as follows:

#### Natural Death:

1) Rs.1.00 lakh relief amount to the nominees of the beneficiaries in the age group of 18-50 years.

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2) It will be paid directly by the Government through GV/WV & VS/WS Department.

#### Accidental Death / Permanent Disability:

Rs.5.00 lakh relief amount will be paid to the beneficiaries in the age group of 18-70 years.
 It will paid through insurance company. Premium will be borne by the Government.

# **Eligibility & Benefits under YSR BIMA**

#### **Appointment of Nominee:**

- >Bread Earner shall appoint the spouse or children or dependents to be the nominee.
- >If the Bread Earner does not have a spouse or child/children or dependents, then he shall appoint his legal representatives to be the nominee.

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>In case the nominee is a minor, then the Bread Earner shall appoint an Appointee to receive

the benefit of assurance.

- >The Bread Earner shall furnish details of nominees as follows:
  - In case of married Bread Earner: spouse
  - \*If spouse is not available: son / daughter
  - **\***If the Bread Earner is unmarried: Mother/Father.
  - ✤If mother or father are not available, unmarried or widowed sister.

## Step 1: Intimation to YSR Bima call centre or GV/WV or WEA/WWDS:

The family members or any villager shall intimate the YSR Bima call centre or GV/WV or WEA/WWDS, regarding a death or an accident.

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## Step 2: Field Verification by WEA/WWDS along with concerned GV/WV:

- Step 2A: Upon intimation from call-centre or any villager the WEA/WWDS along with concerned GV/WV shall initiate field verification
- Step 2B: The WEA/WWDS & GV/WV shall check the enrolled list of YSR Bima cardholders
- Step 2C: If the deceased is not a YSR Bima cardholder, intimate family members that they are not enrolled

OR

In case the deceased is a YSR Bima cardholder and their age is greater than 50 years, then they are ineligible for claim and the same shall be intimated to the family members

OR

In case the deceased is a YSR Bima cardholder and their age is above 18 years or below 50 years then they are eligible under the scheme.

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The WEA/WWD shall collect either a copy of the proof of age (Aadhaar card or any other document as specified in the notification under section 7 of the Aadhaar Act) or rice card of the YSR Bima cardholder to ascertain the identity of the deceased person

## Step 3: Registration of Claim by YSR Bima Call Centre / WEA/WWDS:

- Step 3 A: The YSR Bima Call Centre / WEA/WWDS shall register the death of a YSR Bima cardholder who is not eligible due to ineligibility of age
- Step 3 B: The YSR Bima Call Centre / WEA/WWDS shall register the claim under natural death for an eligible YSR Bima cardholder

Step 3 C: The YSR Bima Call Centre / WEA/WWDS shall identify the nominee as per the enrolment. In case the nominee is not alive, the YSR Bima Call Centre / WEA/WWDS shall identify the spouse of the deceased as the nominee. In case the spouse is not there then the legal heirs of the deceased shall be identified as the nominee during field verification

OR

In case the nominee details are not in line with the enrolment, then the YSR Bima Call Centre / WEA/WWDS shall identify the nominee from the family members taking due consent from them

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Step 4: Payment of Interim Relief by WEA/WWDS :

- The WEA/WWDS shall pay the interim relief amount of Rs. 10,000/- to the nominee within 24 hours from the date of registration of claim.
- The WEA/WWDS shall duly withdraw money from Village/Ward Secretariat e-Services Bank Account operated by Panchayat Secretary/Ward Administrative Secretary.

## Step 5: Acknowledgement on payment of Interim Relief by WEA/WWDS:

The WEA/WWDS shall take an acknowledgement from the nominee upon payment of interim relief amount of Rs.10,000/- through eKYC on the YSR Bima WEA/WWDS mobile app within 3 days from the date of registration of claim.

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Step 6: Registration of Death by Panchayat Secrty./Municipal Commi./Medical Officers:

>The Panchayat Secretary, in case of Gram Panchayats;

>the Municipal Commissioner in case of Municipalities; and

> the Medical Officers in case of death at hospital,

shall register the death and upload the death certificate on YSR Bima web portal (<u>https://ysrbima.ap.gov.in/</u>) within 5 days from the date of registration of claim.

Step 7: Collection of documents in line with checklist by WEA/WWDS & GV/WV:

- Step 7 A: The WEA/WWDS along with the concerned GV/WV shall download the Claim Application Form from the YSR Bima web portal (<u>https://ysrbima.ap.gov.in/</u>)
- Step 7 B: The WEA/WWDS & GV/WV shall identify/authenticate a nominee in case the details are not available or not matching the data as per enrolment
- Step 7 C: The WEA/WWDS & GV/WV shall obtain signatures from the nominee along with a copy of the following documents as per check list within 8 days from the date of claim registration:
  - Proof of age of the nominee (Aadhaar card/driving license/voted ID or any other document as specified in the notification under section 7 of the Aadhaar Act)

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- Rice card of the nominee
- >Death Certificate issued by Panchayat Secretary/Municipal Commissioner
- >Copy of Bank Passbook (or) Cancelled Cheque for bank account details of the nominee

### Step 8: Authorize & upload of documents by WEA / WWDS:

WEA/WWDS shall verify all the required documents and authorize, scan, and upload them on YSR Bima web portal (<u>https://ysrbima.ap.gov.in/</u>) within 9 days from the date of claim registration.

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#### Step 9: Authorize & forward of documents by DPMU:

- Step 9 A: After due evaluation, the Computer Operator in the YSR Bima call centre shall authorize and forward the claim application to the Accountant in the Call Centre within <u>11 days</u> from the date of claim registration
- Step 9 B: After due evaluation, the Accountant shall authorize and forward the claim application to Assistant Project Manager (APM) in DPMU within 12 days from the date of claim registration

Step 9 C: After due evaluation, the Assistant Project Manager (APM) shall authorize and forward the claim application to District Project Manager (DPM) in DPMU within 13 days from the date of claim registration

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Step 9 D: After due evaluation, the District Project Manager (DPM) shall authorize and forward the claim application to <u>Joint Collector (Asara) within 14 days</u> from the date of claim registration

#### Step 10: Sanction & forward of claim settlement documents by JC Asara:

After due verification of the documents, the Joint Collector (Asara) shall sanction and forward the claim application to GVWV & VSWS Department <u>within 17 days</u> from the date of claim registration.

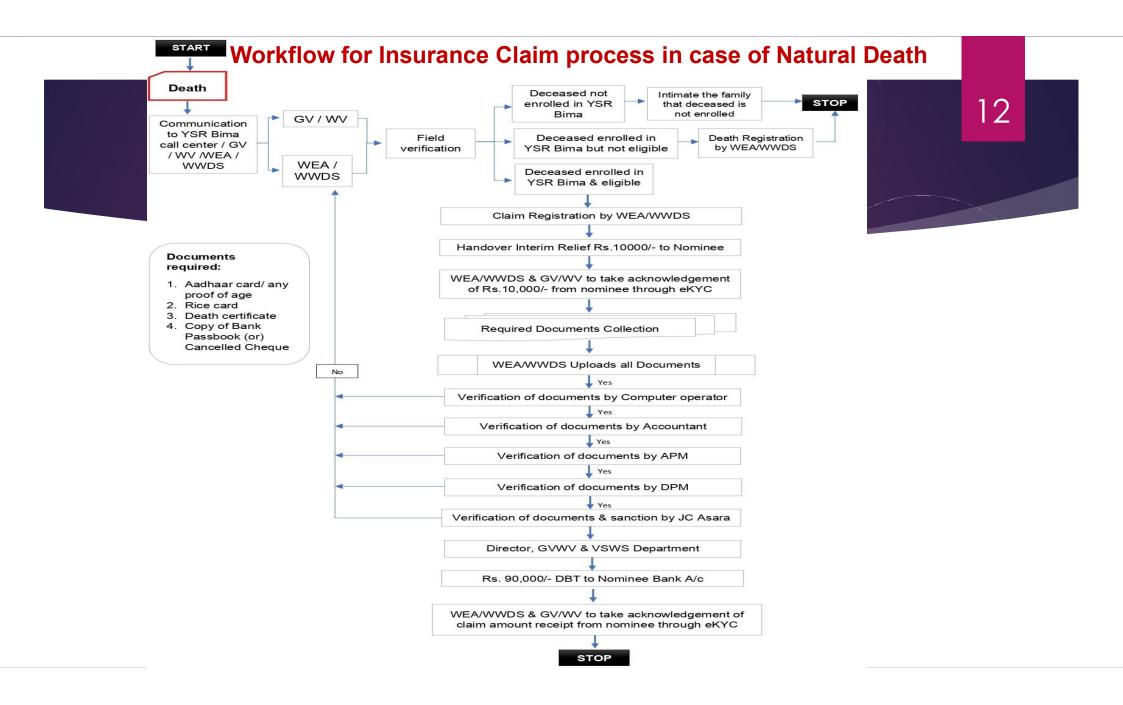
#### Step 11: Claim settlement to nominee through DBT by Director, GVWV & VSWS Department:

➢Post verification of the claim application, the GVWV & VSWS Department shall process and transfer the claim amount of Rs. 90,000/- {Rs.1,00,000 – Rs.10,000 (funeral charges)} to the nominee bank account through DBT within 24 days from the date of claim registration.

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#### Step 12: Claim amount acknowledgement by WEA/WWDS:

- Step 12 A: The WEA/WWDS, shall download the Claim Sanction Letter from the YSR Bima web portal (<u>https://ysrbima.ap.gov.in/</u>) and hand over the same to the nominee within 25 days from the date of claim registration
- Step 12 B: The WEA/WWDS along with concerned GV/WV shall take an acknowledgement through eKYC on the WEA/WWDS mobile app, from the nominee, upon payment of the claim amount Rs. 90,000/- {Rs.1,00,000 – Rs.10,000 (funeral charges)}



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Step 1: Intimation to YSR Bima call centre or GV/WV or WEA/WWDS:

- The family members or any villager shall intimate the YSR Bima call centre or GV/WV or WEA/WWDS, regarding a death or an accident.
- **Step 2: Field Verification by WEA/WWDS along with concerned GV/WV:**
- Step 2A: Upon intimation from YSR Bima call centre or any villager the WEA/WWDS along with concerned GV/WV shall initiate field verification
- **Step 2B:** The WEA/WWDS & GV/WV shall check the enrolled list of YSR Bima cardholders
- Step 2C: In case the deceased is not a YSR Bima cardholder, intimate the family members that they are not enrolled under the YSR Bima Scheme

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### Step 2C (Contd..)

- In case the deceased is a YSR Bima cardholder and their age is greater than 70 years or the type of death as mentioned in exclusion list specified in the MoU, then they are ineligible for claim and the same shall be intimated to the family members OR
- In case the deceased is a YSR Bima cardholder and their age is above 18 years or below 70 years and the type of death is not as per the exclusion list then they are eligible under the scheme.
- The WEA/WWD shall collect either a copy of the proof of age (Aadhaar card or any other document as specified in the notification under section 7 of the Aadhaar Act) or rice card of the YSR Bima cardholder to ascertain the identity of the deceased person

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Step 3: Registration of Claim by YSR Bima Call Centre / WEA/WWDS:

- Step 3 A: The YSR Bima Call Centre / WEA/WWDS shall register the death of a YSR Bima cardholder who is not eligible due to ineligibility of age or type of death
- Step 3 B: The YSR Bima Call Centre / WEA/WWDS shall register the claim under accidental death for an eligible YSR Bima cardholder, post registration of death
- Step 3 C: The YSR Bima Call Centre / WEA/WWDS shall identify the nominee as per the enrolment. In case the nominee is not alive, the YSR Bima Call Centre / WEA/WWDS shall identify the spouse of the deceased as the nominee. In case the spouse is not there then the legal heirs of the deceased shall be identified as the nominee during field verification

#### OR

In case the nominee details are not in line with the enrolment, then the YSR Bima Call Centre / WEA/WWDS shall identify the nominee from the family members taking due consent from them

## Step 4: Payment of Interim Relief by WEA/WWDS:

The WEA/WWDS shall pay the interim relief amount of Rs. 10,000/- to the nominee within <u>24 hours</u> from the date of registration of claim. The WEA/WWDS shall duly withdraw money from Village/Ward Secretariat e-Services Bank Account operated by Panchayat Secretary/Ward Administrative Secretary.

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### Step 5: Registration of complaint and uploading FIR by SHO/DCRB:

The SHO/DCRB shall register a complaint of death by accident, file an FIR and upload the same in Bima web portal (<u>https://bima.ap.gov.in/</u>) within 2 days from the date of registration of claim.

### Step 6: Acknowledgement on payment of Interim Relief by WEA/WWDS:

The WEA/WWDS shall take an acknowledgement from the nominee upon payment of interim relief amount of Rs.10,000/- through eKYC within 3 days from the date of registration of claim.

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#### Step 7: Registration of Death by Panchayat Secrty./Municipal Commi./Medical Officers:

The Panchayat Secretary, in case of Gram Panchayats;

➤the Municipal Commissioner in case of Municipalities; and

➤the Medical Officers in case of death at hospital,

shall register the death and upload the death certificate on YSR Bima web portal (<u>https://ysrbima.ap.gov.in/</u>) within 5 days from the date of registration of claim.

#### Step 8: Issue and upload Post-mortem Certificate

The Medical Officer shall issue and upload the post-mortem certificate within 7 days from the date of claim registration.

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#### Step 9: Uploading police inquest report

The SHO/DCRB shall upload the police inquest report in the Bima web portal (<u>https://bima.ap.gov.in/</u>) within 8 days from the date of claim registration.

#### Step 10: Uploading Forensic Lab Reports (in case necessary)

The concerned officer in RFSL shall upload the Forensic Laboratory report (FSL certificate) [in special cases] in the Bima web portal (<u>https://bima.ap.gov.in/</u>) within 22 days from the date of claim registration.

# Step 11: Issue and uploading Opinion Certificate by Medical Officer based on the FSL certificate

The Medical officer shall issue and upload the Opinion Certificate on Bima web portal (<u>https://bima.ap.gov.in/</u>) within 24 days from the date of claim registration.

Step 12: Uploading final Police Investigation Report (in case necessary)

The SHO/DCRB shall upload the final Police Investigation Report on Bima web portal (<u>https://bima.ap.gov.in/</u>) within 25 days from date of claim of registration [in special cases].

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Step 13: Collection of required documents from Police Dept. & Medical Officer by Mahila Police and WEA/WWDS & GV/WV:

- Step 13 A: The Mahila Police shall pursue and collect relevant documents from the concerned SHO/DCRB & Medical Officers & submit to WEA/WWDS
- Step 13 B: The WEA/WWDS along with the concerned GV/WV shall download the Claim Application Form from the YSR Bima web portal (<u>https://ysrbima.ap.gov.in/</u>)
- Step 13 C: The WEA/WWDS & GV/WV shall obtain signatures from the nominee along with a copy of the following documents as per check list within 11 days in case of normal accidents or within 27 days in case of accidents where FSL certificate is required, from the date of claim registration:
  - Proof of age of the nominee (Aadhaar card/driving license/voted ID or any other document as specified in the notification under section 7 of the Aadhaar Act)
  - Rice card of the nominee
  - >Death Certificate issued by Panchayat Secretary/Municipal Commissioner
  - >Copy of Bank Passbook (or) Cancelled Cheque for bank account details of the nominee

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**Step 13 D:** The WEA/WWDS & GV/WV shall maintain all the physical documents pertaining to the claim application for future reference.

Step 14: Authorize & upload of documents by WEA / WWDS:

- The WEA/WWDS shall verify all the required documents and authorize, scan, and upload them in the YSR Bima web portal (<u>https://ysrbima.ap.gov.in/</u>) <u>within 12 days</u> in case of normal accidents or <u>within 28 days</u> in case of accidents where FSL certificate is required, from the date of claim registration.
- **Step 15: Authorize & forward of documents by DPMU:**
- Step 15 A: After due evaluation, the Computer Operator in the YSR Bima call centre shall authorize and forward the claim application to the Accountant in the YSR Bima call centre within 13 days in case of normal accidents or within 30 days in case of accidents where FSL certificate is required, from the date of claim registration

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- Step 15 B: After due evaluation, the Accountant in YSR Bima call centre shall authorize and forward the claim application to Assistant Project Manager (APM) in DPMU within 14 days in case of normal accidents or within 31 days in case of accidents where FSL certificate is required, from the date of claim registration
- Step 15 C: After due evaluation, the Assistant Project Manager (APM) shall authorize and forward the claim application to District Project Manager (DPM) in DPMU within 15 days in case of normal accidents or within 32 days in case of accidents where FSL certificate is required from the date of claim registration
- Step 15 D: After due evaluation, the District Project Manager (DPM) shall authorize and forward the claim application to <u>Joint Collector (Asara) within 16 days</u> in case of normal accidents or <u>within 33 days</u> in case of accidents where FSL certificate is required, from the date of claim registration

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#### **Step 16: Authorize & forward of claim settlement documents by JC Asara:**

- After due verification of the documents, the Joint Collector (Asara) shall sanction and forward the claim application to GVWV & VSWS Department within 18 days in case of normal accidents or within 35 days in case of accidents where FSL certificate is required, from the date of claim registration.
- Irrespective of the discrepancies due to return of the documents at any stage, <u>JC (Asara) shall</u> ensure that the required documents in the prescribed formats must be submitted to the <u>Insurance Company within 18 days</u>. In some special cases where <u>FSL certificate is required</u>, <u>JC (Asara) shall ensure that the required documents in the prescribed formats must be submitted to the submitted to the Insurance Company within 35 days</u>

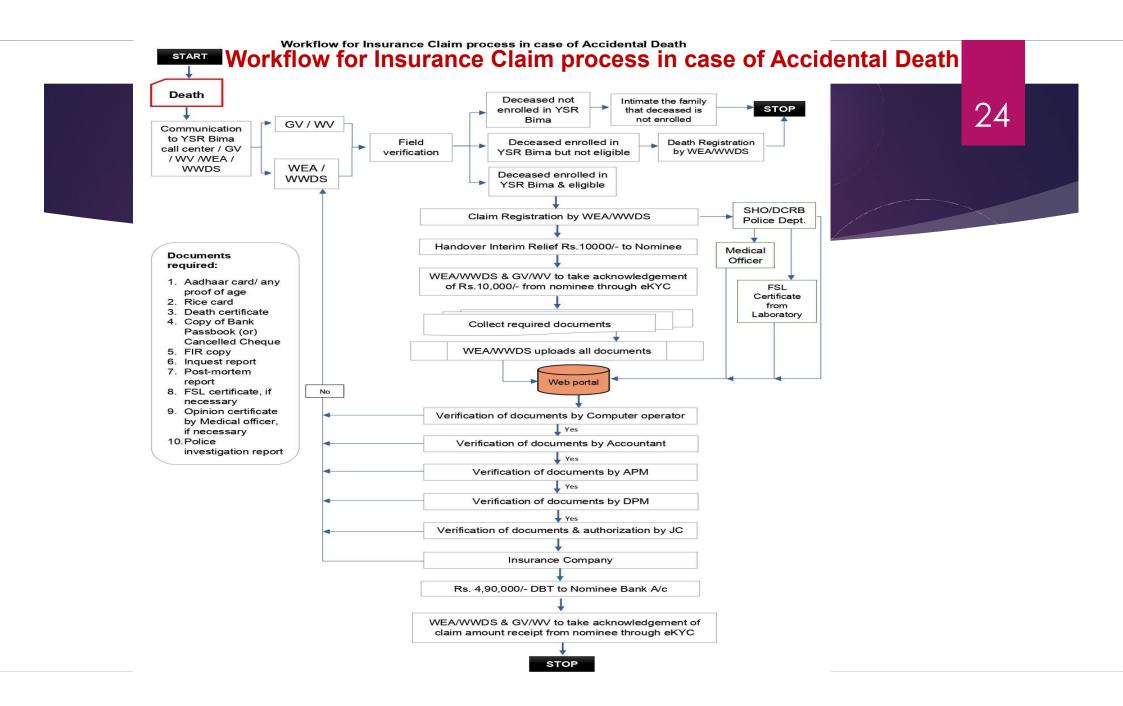
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#### **Step 17: Claim settlement to nominee through DBT by Insurance company:**

➢Post verification of the claim application, the Insurance company shall process and transfer the claim amount of Rs.4,90,000/- {Rs.5,00,000 − Rs.10,000 (funeral charges)} to the nominee bank account through DBT within 25 days in case of normal accidents or within 42 days in case of accidents where FSL certificate is required, from the date of claim registration.

#### Step 18: Claim amount acknowledgement by WEA/WWDS along with concerned GV/WV:

- Step 18 A: The WEA/WWDS along with concerned GV/WV, shall download the Claim Sanction Letter from the YSR Bima web portal (<u>https://ysrbima.ap.gov.in/</u>) and hand over the same to the nominee <u>within 26 days</u> in case of normal accidents or <u>within 43 days</u> in case of accidents where FSL certificate is required, from the date of claim registration
- Step 18 B: The WEA/WWDS along with concerned GV/WV shall take an acknowledgement through eKYC from the nominee, upon payment of the claim amount Rs.4,90,000/- {Rs.5,00,000 Rs.10,000 (funeral charges)}





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Policy Details

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Mandal	PUTTAPARTHY
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#### Nominee Details

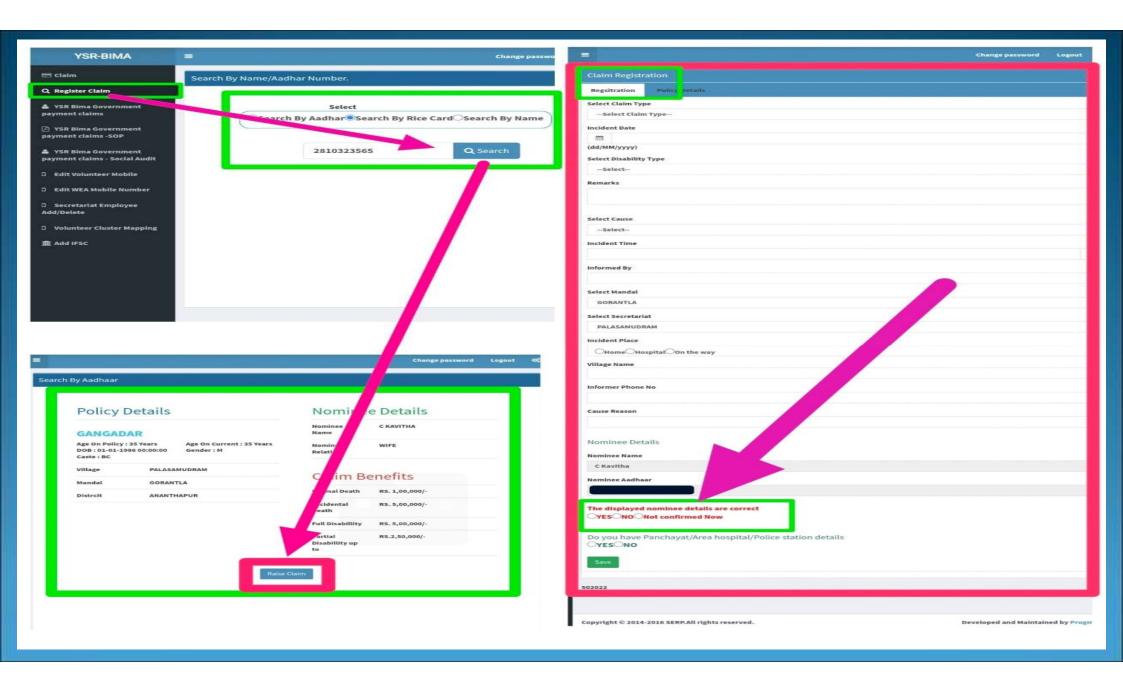
Nominee Name	PALAGIRI CHANDRASHEKAR	
Nominee Relation	BROTHER	

#### **Claim Benefits**

Normal Death	RS. 1,00,000/-	
Accidental Death	RS. 5,00,000/-	
Full Disabillity	RS. 5,00,000/-	
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#### **YSR-BIMA**

E Claim

Q Register Claim

🛔 YSR Bima Government payment claims

YSR Bima Government payment claims -SOP

YSR Bima Government payment claims - Social Audit

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D Edit Volunteer Mobile
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Edit WEA Mobile Number

Secretariat Employee Add/Delete

O Volunteer Cluster Mapping

Add IFSC

#### Search By Aadhaar

Ø Data Not Found!

The Aadhaar Number/Rice card you entered Not found in YSR Bima.

502 2809774335

#### **Change password** Logout 08



త్రై <b>వై.యస్.ఆర్ బీమా – WEA</b> Ver - 2.3 సభ్యుని క్లెయిమ్ వివరములు
క్లెయిమ్ విధానము : Normal Death
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Take Nominee Image
ఎంటర్ నామినీ ఆధార నెంబర్

#### సెర్ఫ్ – పై.ఎస్.ఆర్ బీమా పధకం

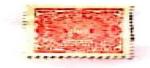
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నామిసి బారాకు ఏ రోజు అయిని ద్వాంక్ / శాస్త్రానిస్స్తి కంపెస్తి వారి నుండి దీమా పరిహారం మొర్తం అను అయినిబి అవి రోజు 61ం సహాయం నిమిర్తం అధ్వాస్స్ గా పెర్టించిన మొర్తం రూ.10,000/- ట నామిసి ఖారా నుండి <u>పెర్ప్ పై ఎస్.ఆర్</u> <u>దీమా ఖారా నం :</u> 660610100168259, అంధా బ్యాంకు (యూనియస్ ద్యాంక్) ,విజయవాడ బ్రాంచ్తి IFSC CODE: UBIN0606064 నకు జమి చేయుడుడిని పూర్తి భార్మం నామిసి అయిన నారి.

010 సహాయిగా చెర్లించిన లా. 10,000 - ఆసు సామికి అయిని సమ క్రయిమ్ పూర్తి సరిస్కరం అయిని గరువార. 060 సర్మ్, పై.ఎస్.ఆర్ బీమా బారాకు జరిలి చేయని యదల నాపై చెట్టి పరుపైన చెర్యలు పేసుకోవచ్చును.



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#### DISCHARGE RECEIPT FOR PAYMENT UNDER Y.S.R. BIMA NATURAL DEATH CLAIM

Savings Bank Account No. of Nominee :	
IFSC Code:	
Bank Name:	Branch Name:

I / We		
sum of Rs.	/- (Rupees	Only) in full satisfaction and discharge of all
our claim/s unde	r the above scheme on the life of	Mr. / Ms
Dated at		ay of

Revenue
stamp

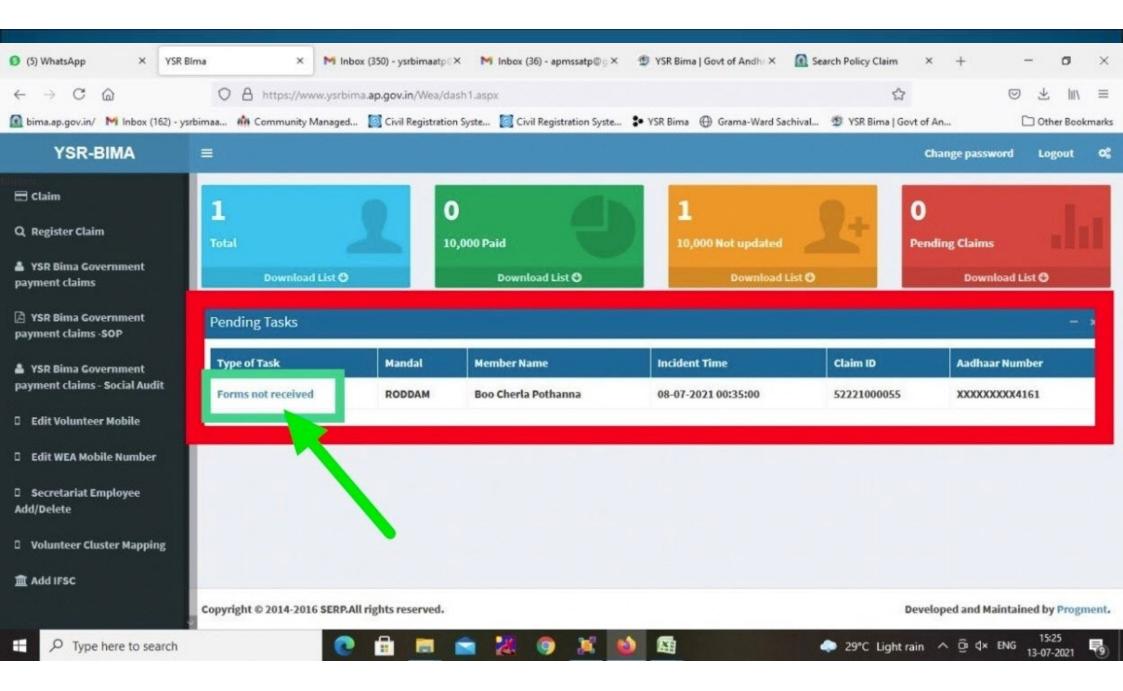
(Signature of the Nominee / \*Nominee / Claimant)

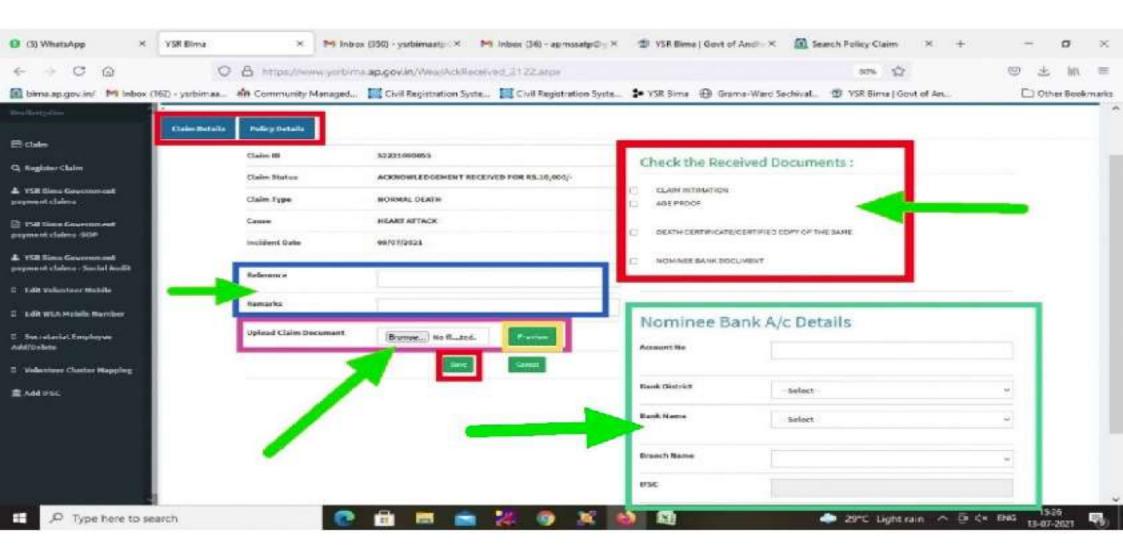
Witnesses:(Signature, N	lame & Address)	
1)		
2)		
3)		Second and a contract of the second
Details of Nominee / ap	pointee (in case of nominee is mino	r):
Name & Address		******
21		
Mobile No.	Email ID:	
Aadhar No.		
Savings Bank Account N	lo. of Nominee :	
IFSC Code:		
Bank Name:	Branch Name	B1

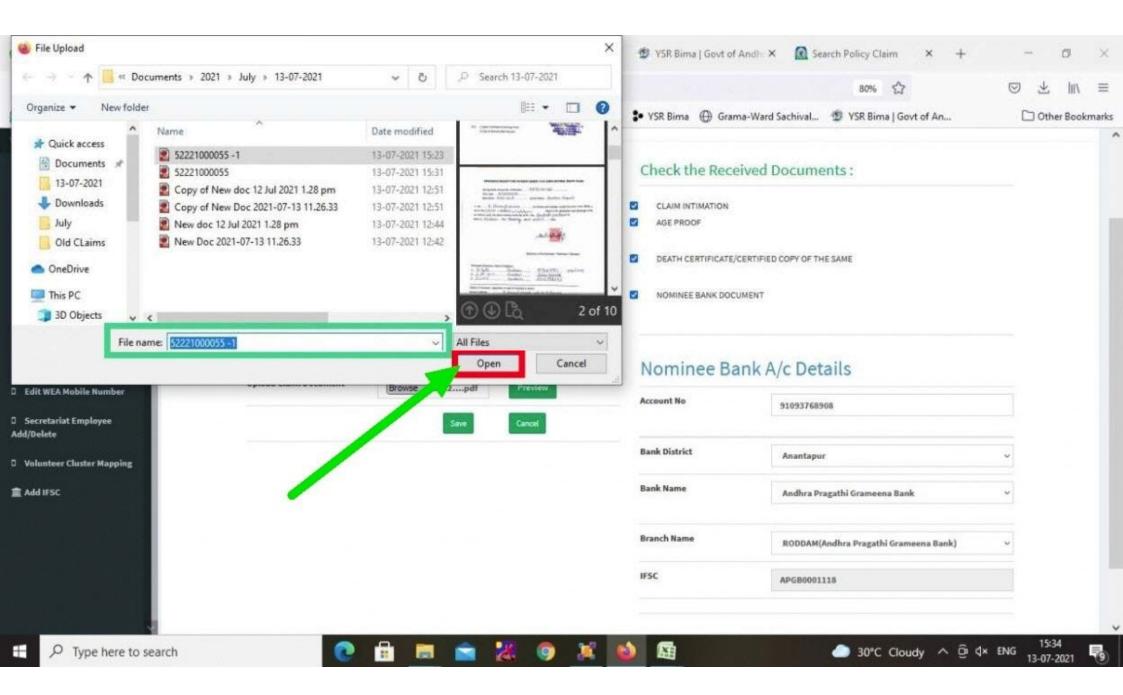
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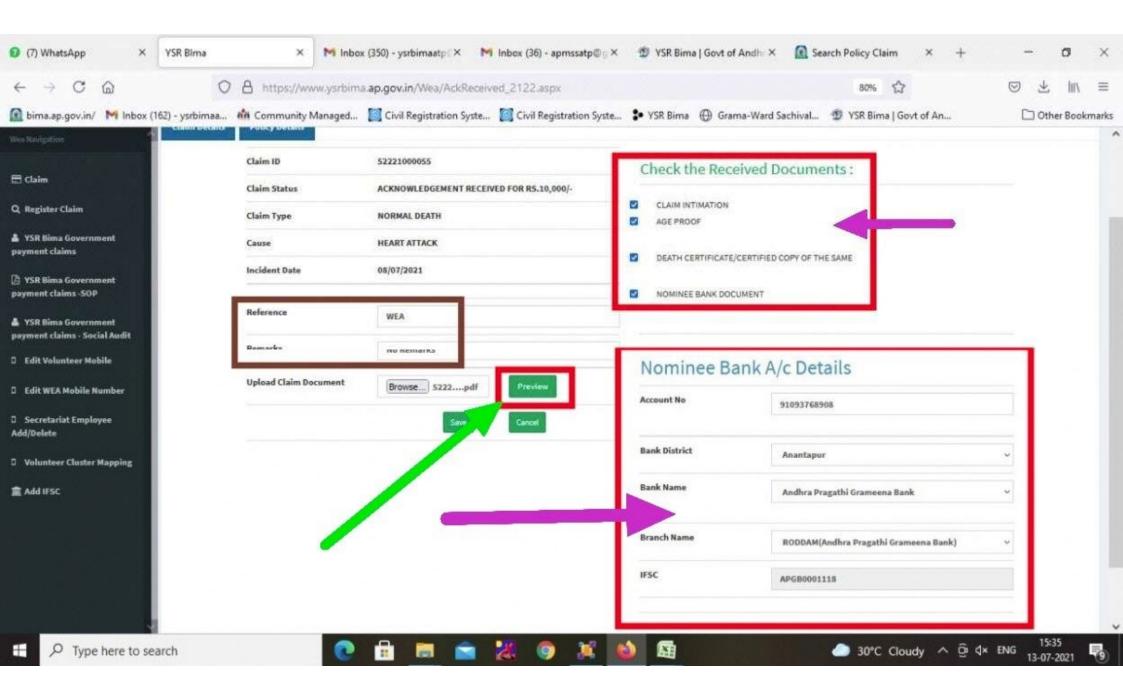
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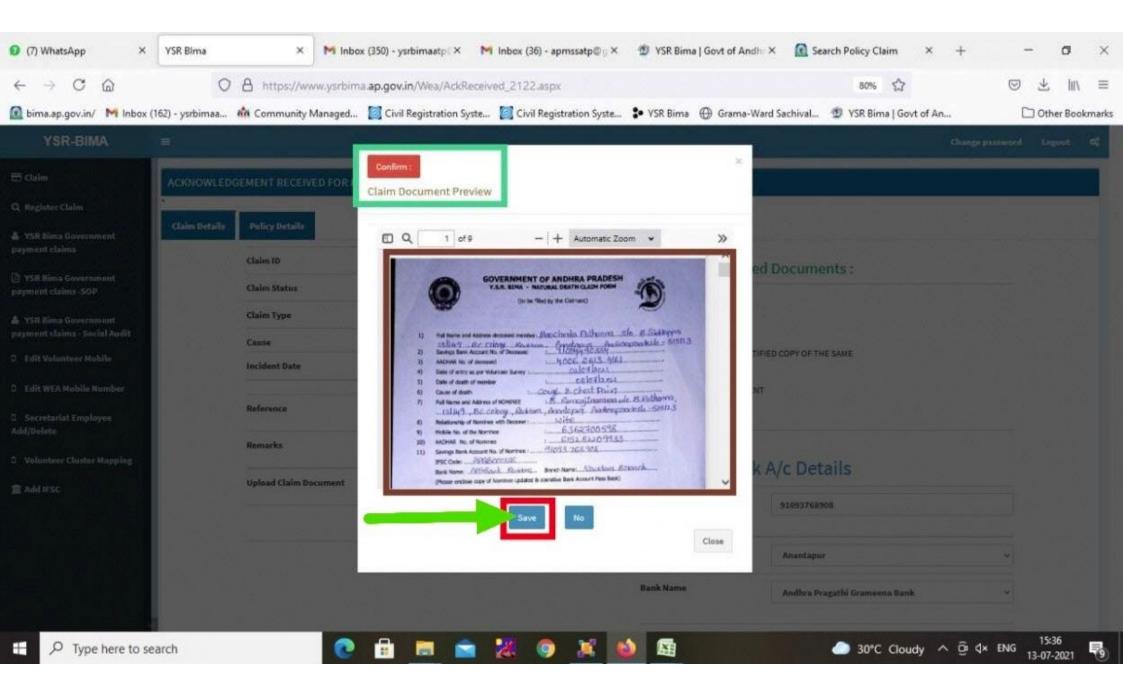
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11300730	
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LOG IN	
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Any technical help please mail to support@progment.com	



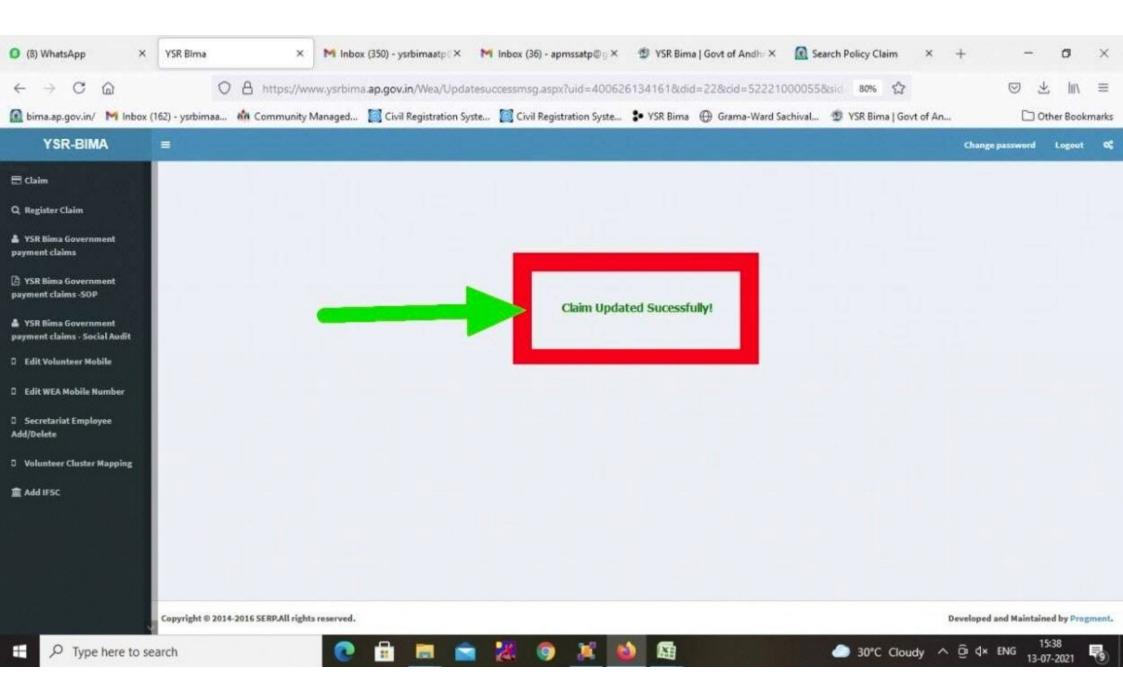








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Contraction of the second s	n Details Policy Details					
🗄 Claim	Claim ID	52221000055		ch dub p		
Q. Register Claim	Claim Status	ACKNOWLEDGEMENT RECEI	VED FOR R5.10,000/-	Check the Rece	ived Documents :	
YSR Bima Government	Claim Type	NORMAL DEATH		CLAIM INTIMATION		
2 YSR Bima Government	Cause	HEART ATTACK		MIN		
payment claims -SOP	Incident Date	08/07/2021		DEATH CERTIFICATE/C	ERTIFIED COPY OF THE SAME	
YSR Bima Government payment claims - Social Audit	Reference			NOMINEE BANK DOCU	MENT	
🛛 Edit Volunteer Mobile		UNE A				
3 Edit WEA Mobile Number	Remarks	No Remarks		Nominee Ba	nk A/c Details	
) Secretariat Employee Add/Delete	Upload Claim Document	Browse] 5222pdf	File Saved	Account No	91093768908	
D Volunteer Cluster Mapping	_	Save	Cancel		23223100200	
🖻 Add IFSC				Bank District	Anantapur	~
				Bank Name	Andhra Pragathi Grameena Bank	•
				Branch Name	RODDAM(Andhra Pragathi Grameena Bank)	v
				IFSC	APG80001118	





#### GOVERNMENT OF ANDHRA PRADESH Y.S.R. BIMA - NATURAL DEATH CLAIM FORM



(to be filled by the Claimant)

1)	Full Name and Address deceased member:	•••••••••••••••••••••••••••••••••••••••			
2)	Savings Bank Account No. of Deceased	(*			
3)	AADHAR No. of deceased	1			
4)	Date of entry as per Volunteer Survey :				
5)	Date of death of member				
6)	Cause of death :				
7)	Full Name and Address of NOMINEE	·			
8)	Relationship of Nominee with Decease :				
9)	Mobile No. of the Nominee	ı			
10)	AADHAR No. of Nominee	•			
11)	Savings Bank Account No. of Nominee :				
	IFSC Code:				
	Bank Name:	Branch Name:			
	(Please enclose copy of Nominee updated &	operative Bank Account Pass Book)			

#### Declaration of Nominee:

We hereby declare that the above details are true in every respect and this is the only claim preferred under the YSR BIMA for the above deceased member. We enclosed herewith Death Certificate as the proof of death of the Member along with duly executed discharge form.

In case the Nominee is a minor, the Guardian / Appointee may fill in the claim form.

(Signature of the Nominee / \*Nominee / Claimant)

We hereby certify that the above member was covered under survey of YSR BIMA and not enrolled by the Bank prior to his death and the above details are true in every respect.

------

(Signature & Seal of the WEA)

Encl: 1) Death Certificate & Discharge Form

2) Copy of Nominee Bank Account.

### DISCHARGE RECEIPT FOR PAYMENT UNDER Y.S.R. BIMA NATURAL DEATH CLAIM

Savings Bank Account No. of Nominee :	
IFSC Code:	
Bank Name:	Branch Name:

I / We		
sum of Rs.	/- (Rupees	Only) in full satisfaction and discharge of all
our claim/s unde	r the above scheme on the life of	Mr. / Ms
Dated at		ay of

Revenue
stamp

(Signature of the Nominee / \*Nominee / Claimant)

Witnesses:(Signature, Nan	ne & Address)	
1)		2
2)		
3)		Second and a second
Details of Nominee / appo	intee (in case of nominee is mino	r):
Name & Address :		*******
Mobile No.	Email ID:	
Aadhar No.		
Savings Bank Account No.	of Nominee :	
IFSC Code:		
Bank Name:	Branch Name	e:

(Signature of the Nominee / \*Nominee / Claimant)



A. DETAILS OF INSURED

# Universal Sompo General Insurance Co. Ltd. (A joint venture between Allahabad Bank, Sompo Japan Insurance Inc., Indian Overseas Bank, Varnataka Bank and Dabur Investments.)

Regd. Office: 201-208, Crystal Plaza, Opp. Infiniti Mall, Link Road, Andheri (West), Mumbai - 400 058.

# PERSONAL ACCIDENT CLAIM FORM

- THE SSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
- a) Opim form is to be filled in capital letter & signed by the insured/daimant.
- b) Please do not leave any column unanswered.
- c) Rease read carefully the attached list of documents required to speed up processing of your daim.
- d) If there is insufficient space, kindly use a separate sheet which can be attached to this form.

Claim No.

-	
Name of the Insured	First Name Middle Name Last Name
invarrie or the insured	
Name of the Chiman	First Name Middle Name Last Name
Relationship with Insu	
Date of Birth	Sex Male Female Email ID
2 - 2 Contraction of the second	
Communication	
Address	
Gey/Bluka	
Pin Code	STD code Phone No. Mobile No.
ALCONTRACTOR AND A	
B. DETAILS OF POL	JCY
Policy No.	
Period of insurance fi	
C. DETAILS OF OTH	
C. DETAILS OF OTF	
	ed under any Personal Accident Policy of any other insurance companies?
	e photocopies of all previous policies.
	ent of very first insurance for the from to to
benebay with cond	
D. DETAILS OF INC	IDENCE
Description of accide	stit.
Cause of accident	
Date of accident	Time of accident AM/PM.
Place of accident	
Accident Reported to	•
Are there any witnes	stoacident 🗌 Yes 🗌 No
Names and Address	
of witnesses	



A. DETAILS OF INSURED

# Universal Sompo General Insurance Co. Ltd. (A joint venture between Allahabad Bank, Sompo Japan Insurance Inc., Indian Overseas Bank, Varnataka Bank and Dabur Investments.)

Regd. Office: 201-208, Crystal Plaza, Opp. Infiniti Mall, Link Road, Andheri (West), Mumbai - 400 058.

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- b) Please do not leave any column unanswered.
- c) Rease read carefully the attached list of documents required to speed up processing of your daim.
- d) If there is insufficient space, kindly use a separate sheet which can be attached to this form.

Claim No.

Name of the Insured	First Name Middle Name Last Name
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Name of the Chiman	First Name Middle Name Last Name
Relationship with Insu	
Date of Birth	Sex Male Female Email ID
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Communication	
Address	
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B. DETAILS OF POL	JCY
Policy No.	
Period of insurance fi	
C. DETAILS OF OTH	
C. DETAILS OF OTF	
	ed under any Personal Accident Policy of any other insurance companies?
	e photocopies of all previous policies.
	ent of very first insurance for the from to to
benebay with cond	
D. DETAILS OF INC	IDENCE
Description of accide	stit.
Cause of accident	
Date of accident	Time of accident AM/PM.
Place of accident	
Accident Reported to	•
Are there any witnes	stoacident 🖸 Yes 🗆 No
Names and Address	
of witnesses	

	Description		Amount (Rs.)
(A) Death			
(B) Permanent Total Disabilit	a,		
(C) Permanent Partial Disabili	ay		
(D) Temporary Total Disabilit	y.		
(E) Transportation cost for co	arriage of dead body to Home including	g fune ral charges.	
(F) Ambulance charges for tr	ransportation of Insured person to Hos	pital following Accident	
(G) Education Fund			
(H) Medical Expenses Extens	ion		
(i) Hospital Confinement Al	lowance		
() Any other			
TOTAL AMOUNT CLAIMED			
ENCLOSURES			
Claim form duly signed	Policy copy	Claim intimation	
] FIR/ MLC copy	Death certificate	Post mortem repo	π.
Inquest / Coroner's report	Final police report	Leave certificate	
Investigation reports	Medical certificate	Nominee certificati	
Disability Certificate	Employer Certificate	Photograph of the	injured with reflecting disablement
Any other documents			
"Yes", please specify			
ou wish to state			
MPLOYER'S DECLARATION		permanent rolls as on the date to provide any further informati ad signatory:	of accident were
his is to certify that Mr. Ms	The total numbers of employees on best of my knowledge and we agree Signature of Authoria	vasion leave for the period	of accident were
MPLOYER'S DECLARATION	The total numbers of employees on the total numbers of employees on the best of my knowledge and we agree Signature of Authoria	vasion leave for the period	of accident were
MPLOYER'S DECLARATION his is to certify that Mr.Ms is to certify that Mr.Ms is perman sky No m Insured	The total numbers of employees on the total numbers of employees on the best of my knowledge and we agree Signature of Authoria Name of the Authoria Name of the Authoria ECLARATION	assion leave for the period permanent rols as on the date to provide any further informati ad signatory: ed signatory: et signatory: the provide suppressed or con- Gi being able to refuse to pay f	ceded any information that is the claim.
MPLOYER'S DECLARATION his is to certify that Mr. Ms. In Sky No	The total numbers of employees on the best of my knowledge and we agree Signature of Authoria Name of the Authoria	as on leave for the period permanent rols as on the date to provide any further information of signatory:	eaded any information that is the claim.
A set of this claim form/ othe	The solid numbers of employees on     The solid numbers of employees on     Signature of Authoria     Name of the Authoria     Name of the Authoria     Name of the Authoria	as on leave for the period permanent rols as on the date to provide any further information of signatory:	eaded any information that is the claim.

First	Name	Middle Name	Last Name
Name of the Nominee			
Relationship with Claimant			
Date of Birth	Sex Male Female	Email ID	
Communication			TITITI
Address	<u>, , , , , , , , , , , , , , , , , , , </u>		TITITI
Gity/Biluka	District	State	11111111
Pin Code STD	code Phone N	A Mobile No.	
If nominee is minor, kindly pro	vide the Legal Guardian details		
	First Name	Middle Name	Last Name
Name of the legal Guardian			
Address			
City/Taluka	District	State	1 1 1 1 1 1 1 1
Pin Code STD	code Phone N	lo. Mobile No.	
Date of Brith	Sex Male Female	Email ID	

#### K. TO BE COMPLETED BY NOMINEE IN THE EVENT OF INSURED'S DEATH

We handly declets and warrant this truth of the Bregging particulars in many respect. I, We agree that FI/We have made or shell make false or untruestatement, suppression or concealment, my/surright to comparisationshell be Breksted. We also have by disclets that I am/we are excepting the amount infull discharge of your chigations under the policy to the Insural Person and Jorhis, her legal heirs. I/we will hold you indermalised in the avert of any claimunder this policy to the Insural Person and Jorhis, her legal heirs. I/we will hold you indermalised in the avert of any claimunder this policy being manifestgainst you by any other past on or persons.

Date:

Place:

#### Signature of Nominee / Legal Guardian:

Name of Nominee / Legal Guardian: 



# National Insurance Co. Ltd. (A Govt. of India Undertaking)

Opp: All India Radio, M.G. Road, VIJAYAWADA-520 010.

	CIDENT INSURANCE CLAIM FORM
1. ఎ) ఇన్యూరెన్ను చేయబడిన వ్యక్తి పేరు	:
బి) వయస్సు	8 = 18
సి)చిరునామా	
A) Rice Card Number	
a) Aadhar Card Number	
2) ఎ) ప్రమాదము వివరములు: ప్రమాదము ఆరిగిన	తేది:
సమయము	8 2 8
త్రదేశము	
బి)పే పోలీసు స్టేషను నందు నమోదు చేశారు	:
స్టేషను పేరు, ఊరు	:
పోలీసు కేసు నెంబరు	8 = 13
సి)ప్రమాదము యొక్క పూర్తి వివరములు	
3) ఎ)ప్రమాదము జరిగిన తర్పాత ఏ అస్పత్రికి వెళ్లా	దం :
బి) ఆస్పత్రి యొక్క పూర్తి పేరు, చిరునామా, ఇతర	
వివరములు	-
4) భ్రామాదము ఆరిగిన వ్యక్తికి ఇతర ఇన్యూరెన్సు	
పాలసీలు ఉన్నవా?	: ఉన్నవి / లేవు
ఎ) పాలసీ ఉన్నచో, ఇన్యూరెన్ను కంపెనీ పేరు	
చిరునామా	
పాలసీ నెంబరు	
బి) ఆరోగ్య బీమా కలదా?	:
ఉన్నచో, ఆరోగ్య బీమా నెంబరు లేదా పాలసీ	
నెంబరు	:
ఆరోగ్య బీమా స్మీము పేరు	-

5)	ప్రమాదం గురించి అస్పతి వారు ఇచ్చిన వివరములు	•
	అస్పటి పేరు	:
	Date of Addmission	:
	Date of Discharge	:
	Nature of injury	:
	Teartment Details	:
	ఎ) (భమాదము నందు శాశ్వత అంగవైకల్యం	
	పర్పడితే వాటి వివరములు	:
6)	నామినీ (Nominee) వివరములు: పూర్తి పేరు	:
	వయస్సు	:
	చిరునామా	:
	స్రామాదము జరిగిన వ్యక్తితో గల బంధుత్వము	:
	నామినీ యొక్క బ్యాంకు వివరములు: బ్యాంకు పేరు	:
	అక్మౌంటు నెంబరు	:
	ణాంచి పేరు, IFSC Code	

నామినీ యొక్క సంతకము

# ేపరం:

# డ్రుపేకరణ

నేను ఇందుచూలముగా తెలియపరచునది ఏమనగా, నేను పైన తెల్పిన అన్ని విషయములు పూర్తిగా నిజమని మరియు ఎటువంటి అబద్ధము గానీ, వక్రీకరిచంట గానీ చేయలేదని, అలా తెలియపరచిన ఎదల నాయొక్క క్లయిమును పూర్తిగా వదులుకొంటానని అంగీకరించు చున్నాను.

నామినీ యొక్క సంతకము

ేపరు:

జతపరచు దాక్యుమెంట్లు:

1) Death Certificate Original

2) Ration Card copy

3) Aadhar Card copies of Insured & Nominee

4) F.I.R.

5) Postmortern Report

6) Panchanama

7) Hospital Documents

# THANK YOU