The New India Assurance Company Limited

Regd & Head Office: New India Assurance Building, 87, M.G. Road, Fort,
Mumbai - 400 001.

Policy Issuing Office : Bandra Divisional Office 142300
C-6,NCL Business Premises, 1st Floor, Bandra-Kurla Complex, Mumbai 400051.
Contact no.(022) 26591702(Direct) / 26590156

RuPay CARDHOLDER'S PERSONAL ACCIDENT INSURANCE CLAIM FORM

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS ADMISSION OF LIABILITY

POLICY NUMBER	
CLAIM NUMBER	

RuPay CARD TYPE	
D/O ISSUE & LAST D/O SWIPING	
NAME OF RUPAY CARDHOLDER	
BANK ACCOUNT NUMBER	
RUPAY CARD NUMBER	

NAME NOMINEE [CLAIMANT]	
ADDRESS AND CONTACT NUMBER S OF NOMINEE / CLAIMANT	
DATE AND TIME OF ACCIDENT	
PLACE OF ACCIDENT WITH DISTRICT AND PINCODE	
BRIEF DESCRIPTION OF ACCIDENT [MANDATORY IN ENGLISH / HINDI]	
NATURE OF CLAIM	DEATH / DISABLEMENT
ANY OTHER RuPay CARD HELD BY THE SAME PERSON	YES / NO IF YES PLEASE GIVE DETAILS

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 I 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 in connection with this claim.

NAME OF CARD ISSUING BANK		SIGNATURE OF CLAIMANT	

SIGNATURE AND SEAL OF BANK		MOBILE NUMBER OF CLAIMANT	

WITNESS CERTIFICATE

[TO BE FILLED UP AND SIGNED BY AN EYE WITNESS TO THE ACCIDENT IF ANY]

I hereby certify that I was present when the Accident occurred to Mr./ Ms._____ on the _____ day of _____20 __ in the manner stated by him/her over leaf, that it was caused by _____which * was / was not his/her wilful act and that he /she * was / was not under the influence of intoxicating liquor at the time.

*Strike out which is not applicable
SIGNATURE & DATE

NAME OF WITNESS
ADDRESS
OCCUPATION

MEDICAL CERTIFICATE for DISABILITY CLAIMS ONLY

Disability Claims must be supported by medical evidence furnished by the Insured and at his expense.

NAME OF INJURED PERSON [CLAIMANT]	
SEX : [MALE / FEMALE]	AGE :
NATURE OF ACCIDENT	
WHETHER THE INJURIES ARE CONSISTENT TO THE DESCRIPTION OF ACCIDENT.	
DATE ON WHICH YOU FIRST ATTENDED THE CLAIMANT FOR THE INJURY	
HAS THE CLAIMANT BEEN DISABLED TOTALLY OR PARTIALLY	
IS THE CLAIMANT SUFFERING FROM ANY DISEASE/ ILLNESS/SYMPTOMS APART FROM THE INJURY WHICH MAY TEND TO RETARD RECOVERY? IF YES, PLEASE GIVE DETAILS.	
TYPE OF DISABILITY AS DEFINED IN ANNEXURE	

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

Signature : _____

Name & Qualification : _____
Address : _____
Date : _____

ANNEXURE

The Disablement	***Compensation expressed as a percentage of Total Sum Insured.***
1) ***Permanent Total Disablement***	100%
2) Permanent and incurable insanity	100%
3) Permanent Total Loss of two ***Limbs***	100%
4) Permanent Total ***Loss of Sight*** in both eyes	100%
5) Permanent Total ***Loss of Sight*** of one eye and one ***Limb***	100%
6) Permanent Total ***Loss of Speech***	100%
7) Complete removal of the lower jaw	100%
8) Permanent Total ***Loss of Mastication***	100%
9) Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out ***Daily Activities*** essential to life without full time assistance	100%
10) Permanent Total ***Loss of Hearing*** in both ears	75%
11) Permanent Total Loss of one ***Limb***	50%
12) Permanent Total ***Loss of Sight*** of one eye	50%
13) Permanent Total ***Loss of Hearing*** in one ear	15%
14) Permanent Total Loss of the lens in one eye	25%
15) Permanent Total Loss of use of four fingers and thumb of either hand	40%
16) Permanent Total Loss of use of four fingers of either hand	20%
17) Permanent Total Loss of use of one thumb of either hand: a) Both Joints	 20%
b) One joint	10%
18) Permanent Total Loss of one finger of either hand: • Three joints • Two joints • One joint	 5% 3.5% 2%
19) Permanent Total Loss of use of toes: a) All-one foot • Big-both Joints • Big-one joint • Other than Big- each toe	 15% 5% 2% 2%
20) Established non-union of fractured leg or kneecap	10%
21) Shortening of leg by at least 5cms	7.50%
22) Ankylosis of the elbow, hip or knee	20%

Annexure D

Declaration from the Member Bank (on bank's letter head)

This is to hereby confirm that Ms. / Mr. _____was issued RuPay card no.

by our bank and as per the bank records the nominee details of the card holder is as mentioned below along with the NEFT details of the nominee and details of transaction performed by cardholder within 90/45 days prior to date of accident including accident date for Non-Premium and premium card respectively as applicable.

Card Holder Name: _____
RuPay Card Type (Non-Premium / Premium): _____

Nominee Name*: _____

Relationship with the nominee: _____

Nominee's/ Beneficiary's Bank Account No.: _____

IFSC Code: _____

Whether Cardholder has performed any transaction at any Merchant Establishment/ATM /ecommerce /Micro ATM/Business Correspondent of the bank at locations within 45 days prior to date of accident including accident date (Yes/No): _____

Please provide switch log / core banking screenshot for transaction verification and highlight card number/customer name and attach as annexure (bank seal and duly signed)

Branch Name: _____

Branch Address and contact numbers:

_____

Contact Person: _____

Contact Person Address and phone numbers: _____

Authorized Signatory and Bank Seal

** Please Note - In case of nominee details not available, legal heir certificate as per competent court order to be provided by the beneficiary and attached to the documents by bank while submitting to The New India Assurance Co. Ltd.*