

Group Accident Policy No. **121700/48/2011/11015**, PERSONAL ACCIDENT DEATH CLAIM FORM,Validity **18th March 2011 To 17th March 2012**,After **17th March 2012**, Please Contact Pancard Insurance Department : 022 - 666 22 777 Ext.: 743 / 744

The onus of sanctioning / rejecting the ADIC claims totally depends on the Insurance Company. The Pancard Company does not have any right to sanction / reject claims.

Pancard Clubs Ltd. offers the Death Claim benefits to its Applicant (free of cost) as matter of social obligation; the company does not charge any premium to its Applicant till the Room Night period gets over.

Terms & Conditions

1. Death Claim File should be submitted within 60 days from the Date of Accident at any Pancard Office.
2. Following Death Claim will not be accepted - A) Suicide B) Consumption of Alcohol / Narcotics / Drugs C) Natural Death D) No Police FIR E) No Post-Mortem F) Non submission of Death Claim File at Pancard Office within 60 Days from the Date of Accident.
3. Please note, do not directly forward Death Claim file at Oriental Insurance Office.

1. Applicant Name : _____

Residence : _____

Present Age : _____ Year

2. a) When did the accident occur ? State the day, date and hour : _____

b) Where did it occur ? _____

c) Give full particulars of the cause and the injuries sustained : _____

3. Give name and address of the witness of the accident : _____

4. a) Give name and address of the Doctors who attended : _____

b) Name and address of Medical Attendant : _____

5. (a) Is Pancard Deceased Applicant insured elsewhere ? a) _____

(b) If so give the name of each Company or Insurer and the amount you are entitled to Claim. b) _____

NOMINEE DECLARATION**I hereby submitted following Documents along with Oriental Death Claim Form**

- | | | | |
|---|--------------------------|---|--------------------------|
| (a) Photocopy – Pancard Membership Certificate | <input type="checkbox"/> | (b) Original – Death Certificate | <input type="checkbox"/> |
| (c) Attested Photocopy – Police FIR | <input type="checkbox"/> | (d) Attested Photocopy – Police Panchnama | <input type="checkbox"/> |
| (e) Attested Photocopy – Post Mortem Report | <input type="checkbox"/> | (f) Attested Photocopy – Police Report | <input type="checkbox"/> |
| (g) Attested Photocopy – Police Inquest Panchnama | <input type="checkbox"/> | (h) Attested Photocopy – Police Jab-Jabab | <input type="checkbox"/> |
| (I) In case of road accident, pls submit the Driving License (Attested Photocopy) of the Applicant, in case He/ She was driving the vehicle at time of Accident. <input type="checkbox"/> | | | |

I hereby declare that whatever Documents / Statements submitted by me are true in all respects, if you found any statement fraudulent I am ready for all the necessary action taken against me.

Name of Nominee : _____ Date : _____

Residence : _____

Tel No.: _____

Bank Name : _____ Bank Account No.: _____

Name of the Branch (Bank) : _____ Signature : _____

THE ORIENTAL INSURANCE COMPANY LIMITED

5th Floor, Maker Bhavan No.1, Vithaldas Thackersey Marg, New Marine Lines, Mumbai-400020 Tel. No. +91-22-2262 4543

MEDICAL REPORT

Note : This form is to be completed by the claimant's Medical Attendant whose replies should be as full as possible.

1. CLAIMANT Name in Full : _____ Age : _____
2. The nature and extent of injuries (if to a limb, state whether right or left) : _____
3. The cause of the accident, so far as known to you: _____
4. (a) Details of your first attendance upon him in consequence of the injuries sustained ? (a)
(b) Are you still in attendance (b)
5. Are you his usual Medical Attendant and if so,
how long have you known him and for what have you attended him ? _____
6. (a) Are his symptoms (i) due exclusively to the accident or (a) _____
(ii) traceable to disease, infirmity or any other cause ? (i) _____
(ii) _____
(b) Has he ever suffered from Gout, Rheumatism, diabetes or fits ? (b) _____
(c) Is there anything in his medical history which may have contributed
directly or indirectly to the accident or which may be likely to retard his recovery. (c) _____
(d) Have you any reason to suppose that he was under the influence of (d) _____
intoxicants at the time of the accident ?
7. (a) State the time within your own knowledge that the Claimant
has been, as the direct and sole consequence of the injuries
sustained, necessarily confined to his house. 7. (a) confined for _____ days
From _____ (both inclusive)
(b) If still so confined state the probable duration of confinement too. (b) _____
8. (a) Has he been able to attend any portion of his business or occupation ? (a) _____
(b) If so from what date ? (b) _____
(c) If not, please state probable date (c) _____
(i) Of his being able (i) _____
(ii) Of his complete recovery (ii) _____
9. Is there now any disability? If not, please give date of recovery : _____
10. Any further remarks : _____

I hereby certify that the above named met with accident referred to and that the foregoing statement are correct.

Signature : _____

Qualification : _____

Address : _____

Date : _____