

## 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) 26590070 / 26590156**

### **RuPay CARDHOLDER'S PERSONAL ACCIDENT INSURANCE CLAIM FORM 2019-20**

**Policy Number – 14230042190100000010 / 11(TICK ANY ONE)**

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

**ALL QUESTIONS ARE MANDATORY AND HAVE TO BE COMPULSORILY ANSWERED.**

RuPay CARD TYPE [ CLASSIC / PMJDY [OLD/NEW] / VIRTUAL ]

NAME OF RUPAY CARDHOLDER

AADHAR NUMBER OF CARDHOLDER

BANK ACCOUNT NUMBER

RUPAY CARD NUMBER

A/c. Opening date in case of PMJDY  
account

NAME OF NOMINEE [CLAIMANT]

ADDRESS OF CLAIMANT WITH  
DISTRICT AND PINCODE

DATE AND TIME  
OF ACCIDENT

PLACE OF ACCIDENT

BRIEF DESCRIPTION OF  
ACCIDENT  
[MANDATORY IN ENGLISH / HINDI]

**IF SPACE IS INSUFFICIENT, PLEASE  
ATTACH SEPERATE SHEET.**

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.

BANK SEAL AND  
SIGNATURE

SIGNATURE OF  
CLAIMANT

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/SYMP TOMS 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

<b>The Disablement</b>	<b>Compensation expressed as a percentage of Total Sum Insured.</b>		
1) <b>Permanent Total Disablement</b>	100%		
2) Permanent and incurable insanity	100%		
3) Permanent Total Loss of two <b>Limbs</b>	100%		
4) Permanent Total <b>Loss of Sight</b> in both eyes	100%		
5) Permanent Total <b>Loss of Sight</b> of one eye and one <b>Limb</b>	100%		
6) Permanent Total <b>Loss of Speech</b>	100%		
7) Complete removal of the lower jaw	100%		
8) Permanent Total <b>Loss of Mastication</b>	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 <b>Daily Activities</b> essential to life without full time assistance	100%		
10) Permanent Total <b>Loss of Hearing</b> in both ears	75%		
11) Permanent Total Loss of one <b>Limb</b>	50%		
12) Permanent Total <b>Loss of Sight</b> of one eye	50%		
13) Permanent Total <b>Loss of Hearing</b> 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:			
⑩ Three joints	5%		
⑩ Two joints	3.5%		
⑩ One joint	2%		
19) Permanent Total Loss of use of toes: a) All-one foot			
⑩ Big-both Joints	15%		
⑩ Big-one joint	5%		
⑩ Other than Big- each toe	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%		