

Group Loan Insurance Policy Claim Form

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SECTION II: CRITICAL ILLNES	S:																																				
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2. Myocardial Infarction (Fir	st Hear	t Attac	ck of	Spec	cific S	Seve	rity)																														
3. Open Chest CABG																																					
4. Open Heart Replacement		air of H	leart	Valv	/es																																
5. Coma of Specified Severi																																					
6. Kidney Failure Requiring	-	-																																			
 Stroke Resulting in Perma Major Organ/ Bone Marro 																																					
 Permanent Paralysis of L 		ομιαιτι																																			
10. Multiple Sclerosis with Pe		ı Svm	ptom	ıs																																	
11. Blindness	•	, - ,																																			
12. Primary (Idiopathic) Puln	nonary	Hyper	tensi	ion																																	
13. Aorta Graft Surgery																																					
14. Benign Brain Tumor																																					
15. Motor Neurone Disease v	vith Per	maneı	nt Sy	mpto	oms																																
Name of the investigation with t	ne resul	ts con	firmi	ng d	liagn	osis	:																														
Date of disease first detected:	D D	M	M	Υ	Υ	Υ	Υ																														
Have you ever had the similar co	ndition	in pas	at [Yes	 s [N	lo.	If 'Ye	es'. p	rovic	le de	tails																									
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Date of first visit to Hospital in th	is regar	d:	D [VI I	VI Y	/ \	Y \	/ Y																												
OP Number/Hospital No/Indoor	Patient	No.:_																																			
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ANNEXURE I: TO BE C	OMPLETED	BY NO	MINEE	IN THE	EVEN	T OF II	ISUF	ED'S	DEAT	Н																			
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* If nominee is minor, kindly	E-mail Id provide the Le	gal Guar	dian det	ails								Ш										_					Ш		
Name of Guardian		П Т					\top			\top		П	Т		Т					\neg	Т	Т		\top	Т	Τ			$\overline{}$
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I/We also hereby declare that I		cepting t	he amou	ınt in ful	l dischar	ge of yo	ur obl	igation	s unde	r the	policy	to the	e Ins	ured P	erso	n and	/or h	nis/h	er leç	al he	eirs. I,	/we	will h	old y	ou in	demr	ified i	n the e	event o
any claim under this policy beir	ng made again	ıst you by	any oth	er perso	n or per	sons.																							
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ANNEX 2: DETAILS OF	FAMILY M	EMBER	REQU	IRED F	OR DE	PENDA	NT B	ENEF	IT IN	CAS	E OF	CRIT	ΓICA	L ILL	NES	S C	LAIN	/I (II	NCL	JDII	NG N	IEF	T DE	TAIL	.S)				
ANNEX 2: DETAILS OF Name of Dependent Claimant:	FAMILY M	EMBER	REQU	IRED F	OR DE	PENDA	NT B	ENEF	IT IN	CAS	E OF	CRIT	ΓICA	L ILL	NES	S C	LAIN	/I (II	NCL	JDII	IG N	IEF	T DE	TAIL	.S)				
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Name of Dependent Claimant: Relationship with insured: Dependant's Bank Account de Savings Account No: MICR Code: ANNEX 3: BANK CERTI CERTIFICATE OF BANK This is to certify that Mr. / Mrs The Loan Account was held b The total outstanding principle The Details of his/her loan account Loan Account Number: Last EMI due date: Current loan status if closed da Principle outstanding as on dat Overdue charges/penalties (if:	tails: Bank Na	RM id person including low.	n. The or	iginal Lo	Please a details)	Junt Rs.	by of fir	st page	Loa	pass and in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in the received in th	wa a pe:	s disb	Durse outst	is a don_	a hole	Brann date	ch: IFSC ank c	C Coconfirm	de: [ming	t No	unt de	etails	with r	aame	of acc	e abov	ve acc	count I	holder.

DETAILS OF ACCOUNT TO WHICH CLAIM AMOUNT SHOUD BE REMITED

(To be filled & certified by bank only)

Copy of bank passbook/cheque to be attached if claim to be paid in favour of insured or legal heirs

Name of the Loan Account/Be	neficia	ry Ba	nk A	ccou	ınt:																							\perp		\perp	\perp		
Bank Name:			\perp	\mathbb{L}																					\square	\prod	\Box	\Box	\Box	\prod	\prod		\mathbb{L}
Branch and Address:			\perp	\perp																					\square		\Box	\Box	\Box	\Box	\prod		
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MICR Code:			\perp	\perp																Pa	n No):											
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I, hereby authorize SBI Genera Bank Account and I confirm the	Bank	accou	unt de	etails	furni	ished	d as a	above	e are	corre	ect.	n res	spec	t of	Acco	unt l	Nos.						 							to) abo	ove re	eferred
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