



THE NEW INDIA ASSURANCE COMPANY LIMITED

Regd & Head Office: New India Assurance Building,
87, Mahatma Gandhi Road, Bombay – 400 001

(For NIA Office Use)

Policy No. _____
Claim No. _____

CLAIM FORM (Annexure "A")

(The Issue of this form is not to be taken as an admission of Liability)

BO: _____ SOL ID: _____ Circle: _____ DATE: ____ / ____ / ____

Claim form for Compensation on account of Accidental Death of YES BANK ATM / Debit Card Holder
(To be submitted at the Base Branch)

Details of the deceased customer:

Name:

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Account No.:

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ATM / Debit Card No. :

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Type of ATM / Debit Card held (to be mentioned by YES BANK):

Any other (please specify):

Date of Accident: (DD/MM/YYYY)

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Date of Death: (DD/MM/YYYY)

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***Check list of Documents to be attached (all documents to be duly signed and stamped by Branch Incumbent):**

- Original Claim Form
- Copy of FIR / Police Report with details of the accident stating the location, date and cause
- Post Mortem Report
- **Copy of Death Certificate duly authorized from the concerned authority**
- Switch log / Core Banking System screenshot / Account statement for transaction verification

**Note - Insurers may request for additional documents depending upon the case*

Please pay compensation under the scheme on account of Accidental Death of YES BANK ATM / Debit Card Holder.

Signature of Applicant: _____

Date: ___ / ___ / _____

Name: _____

Relationship with deceased customer: _____

Mobile No: _____

Address: _____

For YES Bank Office Use Only:

It is confirmed that Mr/Ms _____ has been a customer of our branch. He/she had been issued a _____ (mention type of card) ATM/Debit Card. He/she was an 'Active User' of the card under this scheme and is eligible for compensation under the scheme. We recommend that the customer may be awarded compensation of Rs _____ under the scheme. We confirm that all cards attached to the account are HOTLISTED.

Signature of Incumbent with Branch Seal

Date: