IN MEMORY OF SHAHEED MOHTARMA BENAZIR BHUTTO

SINDH INSURANCE

POWER TO THE PEOPLE

WITHOUT PREJUDICE

Universal Accident Insurance & Social Benefit Scheme

CLAIM FORM

The company does not admit the liability by issuance of this form.
In the event of accidental death it must immediately be reported to the police.

Deceased Information

1. Name _____
2. Father's Name / Spouse Name _____ Occupation _____
3. Date of Birth _____ CNIC # [ ][ ][ ][ ][ ][ ]-[ ][ ][ ][ ][ ][ ][ ]-[ ] Sex _____
4. Permanent Address _____

Accident Information

1. Date & Time of Accident _____ Date & Time of Death _____
2. Place of Accident _____
3. How the Accident occur _____
4. Last attending Doctor _____
   (Give name & contact details)
5. If attended in any Hospital _____
   (Give name & contact details)

Beneficiary/Claimant Information

1. Name _____ 2. Father's Name / Spouse Name _____
3. CNIC # [ ][ ][ ][ ][ ][ ]-[ ][ ][ ][ ][ ][ ][ ]-[ ]
4. Contact Details Landline _____ Email _____
   Cell # (1) _____ Cell # (2) _____
5. Relationship with deceased _____
6. Postal Address _____

I solemnly declare to the best of my knowledge and belief the foregoing particulars are true and correct in every respect.

Date: _____

Documents Required:

1. Claim Form
2. First/last attending Doctor Certificate / Undertaking
3. First Information Report (FIR), Roznamcha or Policy Diary
4. Death Certificate by NADRA of deceased
5. CNIC block report by NADRA of deceased
6. Discharge Loss Voucher properly signed by beneficiary, also mentioning Bank Account Number.
7. Bank Name and verified by relevant bank manager
8. Copy of CNIC or 'B' form of beneficiary
9. Nikah Name in case of spouse

Beneficiary Signature _____

Receiving Officer Name _____

Position _____

Name of Branch _____

Address & Contact Details _____

RECEIPT

CNIC # [ ][ ][ ][ ][ ][ ]-[ ][ ][ ][ ][ ][ ][ ]-[ ]

Name of Beneficiary _____

Date of Receiving _____

Receiving Officer Name & Stamp _____