

CLAIM FORM

MEMBER SURAKSHA SCHEME

A personal accident benefit scheme to the members
The Lakhimi Sanchay and Rindan S.S. Ltd.



A. BENEFICIARY DETAILS

1. Name _____

2. Address _____

B. SCHEME DETAILS

1. Scheme Registration No. _____ MSS A/c No. _____ Membership No. _____

2. Scheme : (a) Issue date _____ (b) Valid date _____ Branch Name _____

3. Estimated Subscription Plans : (a) Plan-999. (b) Plan -499.

4. Scheme Coverage : (a) ₹. 99999.00 (b) ₹. 50,000.00.

C. CLAIM

1. Primary application - Date :

2. Final claim submission - Date :

3. Claim type : (a) Natural. (b) Accidental

4. Claiming by beneficiary himself (Yes/No) _____ By Nominee (Yes/No) _____

D. DESCRIPTION

1. Incident date : _____ Time _____ Day _____

2. Type of Incident : _____

3. Type of disease : _____

4. Type of Damage : _____

5. Accident took place : _____

6. Suffering from Pre-disease : _____

CUSTOMER COPY

Submission Date : _____ Claim Regd. No. _____ Scheme Regd. No. _____

Name _____

Submitted Branch name : _____



Seal & Signature of the registrar

The claim request received with primary documents. Our field offer will visit soon.

E. FINANCIAL STATUS OF THE AFFECTED PERSON

1. Types of income : (a) Self employee (b) Employee (c) Both (d) Others _____
2. Annual income : ₹. _____ (Last year ITR)
3. Family annual income : ₹. _____
- F. Numbers of income person in family : _____ Approximate income ₹. _____

F COST OF TREATMENT

1. Pre-Medical cost :
2. Medical Cost :
3. Post- Medical Cost :

G. REASONS OF INCIDENT REPORTED BY THE AUTHENTIC AGENCIES

OR

REASONS / HIDDEN REASONS OF THE INDICATES AS UNDER IF ANY -

- | | | | | |
|--|---|-----|---|-----|
| 1. Careless activity | : | Yes | / | No. |
| 2. Pregnancy/ child birth | : | Yes | / | No. |
| 3. Self-injuries/ suicide | : | Yes | / | No. |
| 4. Non-allopathic treatments | : | Yes | / | No. |
| 5. Pre-Existing disability/ injury | : | Yes | / | No. |
| 6. Influence of drugs/ intoxicants | : | Yes | / | No. |
| 7. Mental disorders/ committing a criminal act | : | Yes | / | No. |
| 8. Participation in adventure activities | : | Yes | / | No. |
| 9. Involvement in war activities | : | Yes | / | No. |
| 10. HIV- AIDS or Sexually Transit Disease | : | Yes | / | No. |
| 11. Natural calamities | : | Yes | / | No. |
| 12. Natural Death | : | Yes | / | No. |
| 13. Accidental death | : | Yes | / | No. |

H. TYPES OF INJURIES / DAMAGED AS CERTIFIED BY THE PHYSICIANS

- | | | | | |
|--|---|-----|---|-----|
| 1. Temporary physical disability | : | Yes | / | No. |
| 2. Accidental permanent total disability | : | Yes | / | No. |
| 3. Accidental permanent partial disability | : | Yes | / | No. |
| 4. Burns and broken in partly injuries | : | Yes | / | No. |
| 5. Others. | : | | | |

DOCUMENTS ATTACHED. (✓)

- | | | | | |
|------------------------------------|---|-------------|---|---------|
| 1. Doctors Report | : | Yes | / | No. |
| 2. Police Report | : | Yes | / | No. |
| 3. Head of the village certificate | : | Yes | / | No. |
| 4. Bank A/c Details | : | Beneficiary | / | Nominee |
| 5. AADHAR & PAN Card of the | : | Beneficiary | / | Nominee |
| 6. Others | : | | | |

Signature of claiming person/ nominee

NOTE - Claim Charge ~₹. 1499 for ₹. 99999 and ₹. 749 for 50,000 which not refundable even rejected the claim.