

**Annexure 2**

**BANK CERTIFICATE**

(To be submitted on Bank's letter head)

*This is to certify that Shri/Smt/Ms. . . . . who expired on . . . . . due to accident (as per the documents submitted by the nominee/ claimant), is a holder of Account:*

1	Name of the Account holder	:	
2	Address in full (as per Bank records)	:	
3	Date of Accidental Death (as per death certificate)	:	
4	Details of Bank of Baroda Branch where the Account is maintained	:	Br. Name:
		:	Br. Code:
		:	Regional Office:
5	Account Number	:	
6	Name of account (Civilian Salary, Pension and Deposit Account Holders)	:	
7	Claim amount under PAI/ Air	:	PAI:                      AAI:
8	Name of the Joint account holder of Civilian Salary, Pension and Deposit Account HoldersAccount (if available)	:	
9	Contact No of Joint Account holder / Nominee	:	
10	Is nomination available in the Account of the deceased (Yes/No to be mentioned)	:	
11	Name of nominee(s), if available	:	
	ID (PAN/AADHAAR) of Nominee	:	
12	Nominee A/c details, if available	:	

**Above Details of Bank account and Nominee have been furnished only after verifying the same as per the Bank records/system and the same are correct.**

The undersigned will not be held responsible for the genuineness/authenticity of documents like FIR, Death Certificate, Postmortem report, etc. submitted by the claimant to the Insurance Company. It shall be the responsibility of the Insurance Company to ascertain their authenticity. All further correspondence should be made directly between the claimant and the Insurance Company. The claim settlement will be entirely the responsibility of the Insurance Company. All settlements/disputes will be between the claimant and the Insurance Company, and the Bank will not be a party to such disputes.

For Bank of Baroda Bank

Signature and Stamp of Branch Manager :

Date:

Name of the Signing Officer:

**Annexure 5**

**MEDICAL CERTIFICATE (From Registered Medical Practitioner)**

Claims must be supported by medical evidence furnished by the insured and at his expense.

		Details of Claimant (Account Holder)				
1	a)	Account Number				
	b)	Name				
	c)	Sex	Male: Female:			
	d)	Age				
2	Details of Accident					
	a)	Nature of Accident				
	b)	Cause of Accident				
	c)	Whether the appearance of the injuries is consistent with account given of the accident				
3	Details of Injury/ loss					
4	Date on which you first attended claimant for this injury					
	Is claimant suffering from any diseases or illness apart from his injury and is there any illness by circumstances which may tend to retard recovery? If So, give particulars?					
5	Present Condition					
6	How Long from the happening of the accident do you consider total disablement will last?					
	Name of Existing Doctor (if treatment is changed)					
Having personally examined the above-named insured, I certify that the above statements are correct and that the injured person is necessarily disabled by accident referred to						
		Date		Address		
		Name				
		Registration No		Stamp		
		Qualification				