नंशनल इन्श्योरेन्स
National Insurance
Trusted Since 1906

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 Credit Card Holder
(To be submitted at the Base Branch)**

Details of the deceased customer:

Name:

Credit Card No. :

Credit Card Name/ Category. :

_____

Any other (please specify):   ☐
_____

Date of Accident: (DD/MM/YYYY)

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Date of Death: (DD/MM/YYYY)

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Signature of Applicant: _____   Date: ___ /___ /_____
Name: _____
Relationship with deceased customer: _____
Mobile No: _____
Address: _____

Signature & Branch Seal

Date: