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Government of Andhra Pradesh

Application Form for Accidental Death/Disability Relief

Aadhar Number: …… Rice Card No:…… Portal Claim ID: …….

Application/Case No:……. District: …… Other Reference: ……..

S. NO	DESCRIPTION	DETAILS	
Section I: (To be completed in respect of all cases)			
1	Name of the PBE		
2	Address of the PBE		
3	Date of Birth/ Age of the PBE		
4	Occupation		
5	Date and Time of Accident		
6	Place of Accident		
7	Date of Death (if applicable)		
8	Cause and Description of Accident		
9	Reported to police or not?	(a) Yes	Details:
		(b) No	
10	Were you removed to hospital immediately after the accident?	Yes/ No. If Yes Given amend address of the Hospital:	

Section – II (To be completed if answer to S. No: 10 is 'Yes') (To be completed by Hospital Authorities Only)		
11	Removed/ admitted to hospital as	In-Patient/ Out-Patient/ Emergency
12	Date of admission	
13	Date of discharge	
14	Nature of injury	
15	Particular of treatment	
16	Has the accident resulted into loss of: a) Sight of both eyes (or) b) Two entire hands (or) c) Two entire feet (or) d) Sight of one eye and one entire hand or one foot (or) e) Sight of one eye (or) f) One entire hand or one entire foot (or) g) Use of hand or a foot without physical separation Which may prevent PBE from engaging in or being occupied with or giving attention to any employment or occupation whatsoever? If yes, please give details	
17	Submit the following documents	**a)** Medical practitioner's certificate **or** DispensaryNotes and certificate showing reasons of becoming handicapped or non-functioning or organ **(or)** **b)** Certificate of Primary Health Care Centre/ Sub District Health Official, with the countersignature of District Civil Surgeon.
18	Signature of Competent Authority of Hospital/ Nursing Home	…… . Date:…… … Designation:…… ….. Stamp: Signature of PBE :

Section: III (To be completed by nominee in the event of PBE's death)		
	Details of Nominee:	
19	Full Name of Nominee	
20	Address of Nominee	
21	Age of Nominee	
22	Relationship of Nominee with deceased	
23	Savings Bank Account No of Nominee	
24	IFSC Code	
25	Bank Name	
26	Branch Name	
27	Signature of Nominee	
28	Please attach all the requisite documents as per MoA/ SoP	

Declaration: To be signed by the PBC (in case of disability Case) or by the Nominee (in the event of the death of the PBE):

I/HEREBYDECLARE and warn that the truth of the above particulars in every respect. I have not concealed or suppressed any facts and agree that if I have made or shall make false or untrue statement or conceal any material information, my rights for compensation shall be forfeited.

I ALSO HEREBY DECLARE that I am accepting the amount of Rs _____/-in full discharge of your obligations under the Scheme to the PBE and/or his/her legal heirs and I will hold you indemnified in the event of any claims under this Scheme being made against you by any other person or persons.

Signature:

Date:

Place:

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Application Form for Accidental Death/Disability Relief

Dept.: GJPA Claims.

DISCHARGE VOUCH ER

Date:

Claim no. :

Policy No. : 121100/47/2023/27

Insured :

In consideration of approval of my / our claim I / we hereby accept from The Chandranna Bima the sumof Rs. (Rupees Only) in Full & Final settlement for the Accidental Death Claim/PPD/PTD which occurred on_____ (Date of Accident/death) which is covered under Policy No. 121100/47/2023/27.

I/We hereby voluntarily give discharge receipt to the Company in Full & Final Settlement of all my/our claims present or future arising directly/indirectly in respect of the said loss/accident. I/We hereby also subrogate all my/our rights and remedies to the Company in respect of the above loss/damages.

Claim Amount : Rs._____(Full & Final Payment)

(mention settlement amount)

One Rupee Revenue Stemp when amount etc cds tts. 5000/-.

Signature of Witness		Signature of the Insured	
Full Name of Witness		**Full Name of the insured**	
Address & Tel. Nos.		Address & Tel. Nos.	
		Bank Name & Branch	
		Account No.	
		Type of Account	
		IFSC Code	
		MICR Code	