SOUTH CENTRAL & SOUTH COAST RAILWAY EMPLOYEES' CO-OPERATIVE CREDIT SOCIETY LTD.

ACCIDENTAL DEATH AND DISABLEMENT BENEFIT CLAIM FORM

I Information of the shareholder

1	Name of the Shareholder (Deceased / Disabled)	
2	Designation	
3	Office Address	
4	CMTD No.	
5	PF No.	
6	Reason for Claiming the benefit (Death / Disablement)	
7	Bank Account No.	
8	Name of hte Bank	
9	Branch	
10	Bank IFSC Code	
11	Bank Address (enclose Xerox copy of the bank pass book)	
12	Address for correspondence	
13	Contact Cell No.	
14		

II Information Regarding the Accident

1	Place of Death or Disablement	
2	Date and time of death or disablement	
3	Exact cause of death or disablement	
4	Please specify the body parts affected by the accident	
5	Place of accident	
6	Particulars of accident	
7	Registration Number (s) of Vehicle (s) involved (in case of road traffic accident)	
8	Date and time of admission to Hospital	
9	Details of treatment taken	
10	Name of the Hospital where treatment was received	
11	Name and address of police station (where accident was reported)	
12	First information Report (FIR) number and date	
13	Place and registration of death	

III Nominee particulars in Case of Death

14.	Name of the Nominee	
15.	Relation with deceased shareholder	
16.	Name of the beneficiary as per Rly PPO (in the absence of nominee particulars with the society)	

DECLARATION

I _____ do hereby declare and confirm that I am the rightful claimant of the deceased/disabled person and the statements made herein above are true in each and every respect.

Place : _____

Date : _____

Signature/Thumb impression of the shareholder/Nominee (LTI or signature other than in English/Hindi or in capital letters should be attested with office stamp)

Forwarded to:

Signature of the Controlling Officer

Name : _____

Design : _____

Stamp :

CKECK LIST OF THE DOCUMENT TO BE SUBMITTED

I. In Case of Accidental Death :

1. Original Death Certificate
2. Post Mortem Report
3. FIR / MLC copy
4. Hospital Records

II. In Case of Accidental Disability :

1. Accident Report
2. FIR / MLC copy (Medico-Legal Certificate)
3. Hospital Records
4. Disability Certificate issued by attending physician / Railway Physicians certifications
   a) Enclosures of ID proof such as Photo, Aadhar card etc.