

Claim Form – Personal Accident Insurance

Insured's Details

Name: _____

e-Mail: _____

Address: _____

City: _____ Pin Code: _____

Phone No: _____ Mobile: _____

Claimant's Name & Address: _____

Policy Details

Policy No.: _____

Policy Period: From _____ To _____

Claimant's/Deceased's Details

Name: _____

Sex: Male Female Date of Birth: _____ / _____ / _____

Details of Accident

1. Date of Accident: _____ / _____ / _____ Time _____ AM/PM

2. Place of Accident: _____

3. How did Accident occur? _____

4. Was it Reported to Police? Yes No. If yes, please give the following details.

Name of Police Station: _____

FIR No: _____ Date: _____ / _____ / _____

5. Contact Details of Witnesses

Sl. No.	Name	Address	Contact No.	E-mail ID

6. Details of Injuries Sustained _____

7. Nature of disablement: _____

Extent of disablement: _____



RAHEJA QBE GENERAL INSURANCE CO. LTD.

Period of Temporary Total Disablement: From _____ To _____

Present state of incapacity: _____

8. Is there a Claim for any Add on Covers? _____

9. Name and address of Medical Practitioner in attendance: _____

10. Estimated Claim Amount under all sections. _____

11. Where and when can a Medical Officer of Raheja QBE visit you, if necessary? _____

Declaration

I/We declare that I/We have not withheld any material information and that all statements made above are true to the best of my/our knowledge and belief I/We understand that the claim may be refused if the information given above is untrue, inaccurate or concealed.

Place

Date

Signature of Insured