Personal Accident Insurance Claim Form

F. No. AC - 39

Policy No._____
Branch/Unit_____
Claim No._____

The New India Assurance Company Limited

Regd. & Head Office : 87, Mahatma Gandhi Road, Fort, Mumbai - 400 001

The Issue of this form is not to be taken as an addmission of Liability

TO BE COMPLETED BY THE INSURED

1. (a) Name of the insured [in full]

   (b) Name of the injured Person

   (c) Address in full & Phone No:

   (d) Profession or occupation

   (e) Age at last birthday

2.

	Policy No.	Sum Insured	Table of Cover	Period
[i]				
[ii]				
[iii]				

3. (a) Date of the accident
   (b) Time of accident
   (c) Where it happened ?
   (d) Name and address of witness

4. How did the accident occur ?

5. Nature of injury received
   (if to limp or eye state whether right or left)

6. (a) Nature of disablement

   (b) Extent of disablement
   Confined to bed
   [From_____To_____]
   Confined to house
   [From_____To_____]

(c) present state of incapacity

7. Name and address of surgeon in attendance

8. (a) Where and when can a Medical officer of the Company visit you, if necessary?
(b)Name of nearest railway station and distance therefrom

9. (a)Are you insured in any other office or offices granting compensation for accident
(b)If so state name and address of company or companies and amount of insurance

I hereby declare that the foregoing statements are made by myself and are true in all respect and that I have not attempted to conceal from the Company anything which it ought to be made acquainted and also that I have not abstained from any usual occupation longer than absolutely necessary and I agree that if I have made, or in any further declaration the Company may require, shall make any false or fraudulent statement or any suppression, concealment or untrue averment whatever, the Policy shall be void and my right to compensation forfeited and I am willing, if required to make a Statutory Declaration before a Justice of the Peace of the truth of the whole of the foregoing statement or any other statement I may make in connection with this claim.

Witness
Name_____
Signature_____
Address_____

Signature of the Insured_____
Date-
Place-

Phone No :-

CERTIFICATE TO BE FILLED UP AND SIGNED BY AN EYE WITNESS TO THE ACCIDENT

I hereby certify that I was present when the Accident occurred to Mr./ Ms._____ on the _____ day of _____200__ in the manner stated by him over leaf, that it was caused by _____ which * was / was not his willful act and that he * was / was not under the influence of intoxicating liquor at the time.

Signature

Name
Address

Occupation
Date

- Strike out which is not applicable

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MEDICAL CERTIFICATE

Claims must be Supported by medical Evidence furnished by the Insured and at his expense.

1. (a) Name of Claimant
   (b) Sex (c) Age

2. (a) Nature and cause of accident

   (b) If to eye or limb, state left or right
   (c) Whether the appearance of the Injuries are consistent with the account given of the accident.

3. Date on which you first attended Claimant for this injury
4. Has Claimant been totally prevented from attending to any portion of his business ? If so how long ?
5. Is Claimant suffering from any disease 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

7. How long from the happening of the Accident do you consider Total disablement will last ?

Having personally examined the above named Insured I Certify that the above statements are correct and that the injured person is necessarily disabled by the Accident referred to

Signature

Name & Qualification

Registration No.

Address

Date

REMARKS OR EXTRA DETAILS

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Documents needed for Accidental Death

1. Claim Application
2. Death Certificate
3. Copy of pravasi id card
4. Post Mortem Report(Embalming Certificate)
5. FIR copy
6. Legal heirship
7. Any Id proof

Documents needed for Accidental Permanent Disability

1. Claim Application
2. Disability Certificate (issued by Health Department)
3. Copy of pravasi id card
4. Medical Report
5. FIR copy
6. Any Id proof