



(VII) Please indicate the appropriate section under which you are claiming along with the amount\*

Coverage	Amount (Rs.)
Total Temporary Disablement	
Permanent Total Disablement	
Permanent Partial Disablement	
Accidental Death	
Add on covers 1)	
2)	
3)	

(VIII) PERIOD OF DISABILITY - applicable for claim under Temporary total disability\*(The period should be the actual days when fully confined to bed on Medical Advice)

From:  To:

(XI) PAST INSURANCE HISTORY\*

- Have you made any claims in the past ?  YES  NO
- If YES, please give details including accident and Insurance details

Name of Insurance co.	Policy no.	Capital Sum Insured	Nature of claim	Status of the claim

(X) Are you currently insured under any other Policy?\*  YES  NO

- If YES, please give full details

Name of Insurance co.	Policy no.	Capital Sum Insured	Details of claim lodged	Status of the claim

(XI) Have the Police Authorities been informed of this accident? If yes, please specify the name of the Police station and the FIR

\_\_\_\_\_

\_\_\_\_\_

I/We hereby declare that the foregoing statements made by me/us are true in all respects, that I/We have not attempted to conceal from the Company anything with which it ought to be made acquainted and that if I/We have made or in any further declaration the Company may require shall make any false or fraudulent statement or untrue averment whatever, the policy shall be void and my/our right to compensation forfeited. I /We are willing if required, to make and provide to the company a statutory declaration of the whole of the foregoing statement or of any other statement made in connection with this claim

Date: \_\_\_\_\_

Place: \_\_\_\_\_

\_\_\_\_\_  
Signature of the Insured/Insured Person



This page has been left blank intentionally