

- l. Name and address of surgeon in attendance:
- m. Name and address of the witness:
- n. Where and when can a Medical Officer of this Company visit you, if necessary:
- o. Expenses for additional in built Covers (to be considered subject to coverage & limits under the policy)
- Transportation of Dead Body / Funeral Expenses: ₹
 - Ambulance Costs: ₹
 - Out-Patient Costs: ₹
- p. I. Details of Medical Expenses (incase of medical expenses extension): ₹
- II. Expenses Incurred on travel of Insured / Relative (wherever extension opted): ₹
- III. Expenses Incurred on Support Items of Insured / Relative (wherever extension opted): ₹
- q. Are you insured in any other office or offices of the Company or any other company, granting compensation for accident? Yes No
- If so state name and address of company or companies and amount of insurance:

DECLARATION

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 am/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.

Witness

Name:

Signature:

Place:

Date:

Signature of Insured

DOCUMENTS TO BE SUBMITTED ALONG WITH THE DULY FILLED & SIGNED CLAIM FORM

Accidental Death Claims:

- Death Certificate
- Copy of Post Mortem report (where it is conducted)
- Newspaper cutting (incase the accident has been reported by press)
- FIR / Police Panchnama / Final Investigation Report (incase of accident outside residence)
- Copy of treatment papers, if any

Permanent Disablement Claims:

- Copy of treatment papers, if any
- Disability Certificate or Medical Report determining disability
- FIR / Police Panchnama (incase of accident outside residence)



Temporary Total Disability Claims:

- Copy of treatment papers and copy of medical investigation report / X-rays
- Fitness Certificate from the treating doctor
- Leave Certificate (for salaried people)
- Salary Certificate / income proof / ITR

Transportation of Mortal Remains & Funeral Charges:

- Bills and receipt towards cost if transportation of the mortal remains to the place of residence / hospital and/or cremation / burial ground
- Receipt of cremation charges

Ambulance:

- Bills / Receipts from a registered Ambulance Service Provider

Out-Patient Costs:

- Consultation Papers
- Bills and receipts towards medical expenses
- Copy of the medical test reports

Education Grant:

- Proof of number of dependent children viz. Ration Card
- Age proof of the dependent children

Loss of Employment:

- Salary Certificate from the employer
- The letter from the employer terminating, dismissing the Insured from the present job mentioning the reason and effective date of termination, dismissal

Hospitalization due to Accident:

- Copy of document of hospitalization
- Certificate from treating doctor about the diagnosis and line of treatment given during hospitalization
- Bills and receipts towards medical expenses
- Copy of the test reports

Cost of Travel:

- Copy of travel tickets or relevant proof of travel to / from the destination where accident has taken place

Cost of Support Items:

- Medical Practitioners prescription
- Original Bills in respect of the item

MEDICAL CERTIFICATE

BY ATTENDING DOCTOR

(Claim must be supported by medical evidence furnished by the Insured at his/her expense)

1. a) Name of Claimant/Injured Person:

F	I	R	S	T						M	I	D	D	L	E				L	A	S	T
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- b) Age:

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 years
2. Date on which you first attended claimant for this injury:

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