

NATIONAL INSURANCE COMPANY LIMITED

(A Government of India Undertaking)

Regd. Office 3, Middleton Street, Post Box 9229, Kolkata 700 071

CIN - U10200WB1906GOI001713

IRDA Regn. No. - 58

***PERSONAL ACCIDENT CLAIM FORM***

The issuance of this form is not to be construed as an admission of liability on the part of the Company and should be completed and returned to the issuing office of the Company by whom it was issued, within seven days			
Name of Insured		Age	
Name of life Insured		Age	
Address in full			
Profession or Occupation			
(Please indicate whether Superintending, Master working or workman)			
Policy No.		Renewal Date:	Claim No.
1	State when and where the accident took place? Give date & time		
2	State how it happened and what the Insured / the Life insured was doing at the time		
3	State as fully as you can the nature and extent of the injuries sustained		
4	Give the name and address of the doctor attending the Insured / the life insured for these injuries.		
4a	Is he the usual Medical Attendant ?		
4b	Has any other Medical man been consulted		
5	If the insured / the Life Insured is still disabled, please indicate when he/she is likely to be fit to resume usual business or occupation either wholly or in part		
6	When and where can the Insured / the Life insured be visited (if necessary) by medical officer or an official of the insurer		
7	Was the Insured / Life Insured in good health and free from physical defect or infirmity at the time of the accident		
8	When did he / she last received medical attention previous to the above mentioned accident ?		
9	If a claim being made under any other Insurance ? If so, please give particulars.		
10	If immediate settlement is acceptable please mention the amount		

DECLARATION

I the undersigned, do hereby declare that to the best of my knowledge and belief the foregoing particulars are true and correct.

Date _____

Signature _____