

*Please attach discharge card, bills, cash memos, diagnostic reports etc.

SECTION II
PERSONAL ACCIDENT COVER TO EARNING HEAD OF THE FAMILY

Name of the insured:

Sex Age:

Date of accident: Date of death:

Details of accident in brief:

Date of intimation to Police:
Please submit FIR & Post Mortem Report

I declare that to the best of my knowledge all particulars contained in form are true

Date: Signature of the Claimant/Nominee
Place:

For Office Use Only:

SECTION I

Amount:

- A) Claim under Hospitalisation:
- B) Claim for Disability Compensation
- C) Claim under Maternity Benefit

SECTION II

PA CLAIM FOR DEATH

Total: