

CLAIM INTIMATION FORM

NAME OF THE CLAIMANT/NOMINEE/LEGALHEIR: _____

RELATIONSHIP WITH THE INSURED: _____

CONTACT NO. _____ EMAILID: _____

NAME OF THE INSURED PERSON _____

AGE

GENDER

ADDRESS OF INSURED PERSON & STATE:

AADHAAR/ANY OTHER APPROVED IDENTIFICATION: -

IDENTIFICATION TYPE

IDENTIFICATION NO. OF THE INSURED PERSON:

DATE & PLACE OF ACCIDENT.

BRIEF DESCRIPTION OF ACCIDENT:

CAUSE OF DEATH / INJURY:

TYPE OF CLAIM (Tick the below type)

- DEATH
 PERMANENT TOTAL DISABILITY
 PERMANENT PARTIAL DISABILITY
 ACCIDENTAL HOSPITALIZATION

NAME OF POLICE STATION, IF REPORTED _____

NAME OF THE INTIMATOR : _____

SIGNATURE OF INTIMATOR: _____