

Personal Accident Insurance Claim Form

F. No. AC – 39

Policy No. _____

Branch/Unit _____

Claim No. _____

**The New India Assurance Company Limited**

Regd. & Head Office: 87, Mahatma Gandhi Road, Fort, Mumbai - 400 001.

The Issue of this form is not to be taken as an admission of Liability***TO BE COMPLETED BY THE ASSIGNEE/CLAIMANT***

1. (a) Name of the Deceased in full: _____
(b) Address in full
(c) Profession or Occupation
(d) Date of Birth (e) age at last birthday
2. [i] Policy No.
[ii] Sum Insured
[iii] Debit Card Details
[iv] Date of Last POS transaction:
[v] AQB in last 2 Qtrs prior to accident :
3. (a) Date of the accident
(b) Time of accident
(c) Where it happened?
4. How did the accident occur?
5. Nature of injury received
(if to limp or eye state whether right or left)
6. (a) Are you insured in any other office or offices granting compensation for accident?
(b) If so state name and address of company or companies and amount of insurance
7. Children education grant and Girl child benefit details:-

	Details	Nature of Proof attached
No. of Children		
Girl Child in Family Yes/No		
Date of Birth of Girl Child		
Date of Birth of 1 st Child		
Date of Birth of 2 nd Child		

I hereby declare that the foregoing statements are made by myself and are true in all respect and that I have not attempted to conceal from the Company anything which it ought to be made acquainted and also that I have not abstained from any usual occupation longer than absolutely necessary and I agree that if I have made, or in any further declaration the Company may require, shall make any false or fraudulent statement or any suppression, concealment or untrue averment whatever, the Policy shall be void and my right to compensation forfeited and I am willing, if required to make a Statutory Declaration before a Justice of the Peace of the truth of the whole of the foregoing statement or any other statement I may make in connection with this claim.

Witness :
Name _____ Signature of the Nominee/Assignee _____
Signature _____ Date- _____
Address _____ Place- _____

CERTIFICATE TO BE FILLED UP AND SIGNED BY AN EYE WITNESS TO THE ACCIDENT

I hereby certify that I was present when the Accident occurred to Mr./ Ms. _____
on the _____ day of _____ 200__ in the
manner

stated by him over leaf, that it was caused by _____ which * was
/ was not his willful act and that he * was / was not under the influence of intoxicating liquor at the
time.

Signature

Name

Address

Occupation

Date

- Strike out which is not applicable

Certificate From Axis Bank Branch

- (a) Name of Deceased
(b) Sex (c) Age
- (a) Nature and cause of accident
(b) Whether the appearance of the Injuries Was fatal:.
- Date on which you first got the intimation of accident of the card holder:

The Branch certify that the deceased Had a account no. _____
and the debit card no. _____ which was issued on
his/her Saving/Salary account held with us.

Name

S S No.

Designation

Date

Signature of Branch Head of Axis Bank

SPACE FOR EXTRA REMARKS/DETAILS