Personal Accident Insurance Claim Intimation Letter

From	ı :		
To:			
	The Branch Head / Senior Mana		ef Manager
	Bra		aian
		Re	egion
TNI	TIMATION FOR DATICUAIM	Shui /Sm	
TIA	ITIMATION FOR PAI CLAIM - S	onri. / Sn	nt
This i	is to intimate that Shri. / Smt		(IFHRMS ID:
			Department and maintaining Salary
			under TN GOVERNMENT - SGSP,
who l	has met with an accident which m	ay result	in claim for insurance under Personal
Accid	lental Insurance Coverage in the S	Scheme.	The details required are as follows: -
a)	Name of the Account Holder	:	
b)	Account Number	:	
c)	Brief note on incident	:	
d)	Loss amount	:	
e)	Date of Accident	:	
f)	Date of Death (if applicable)	:	
I, _	(Seli	f / cla	imant/Nominee /legal heir /legal
repre	esentative) request you to kindly	forward	the same to the concerned insurer /
broke	er at the earliest.		
We u	·	d docume	nts for the claim within the stipulated
	Th	anking yo	ou
Date:			Yours sincerely
Place:			