ADDRESS OF ISSUING OFFICE

IFFCO-TOKIO GENERAL INSURANCE CO. LTD.

Regd. Office: 34, Nehru Place, New Delhi - 110 019

ITGI/TSP/04

Claim No. _____

PERSONAL ACCIDENT INSURANCE CLAIM FORM

1. The issue of this form does not constitute admission of liability.
2. Please return this form duly completed together with Death Certificate from the Hospital or the Medical Attendant, Post Morton Certificate, and Police Panchanama, if any; Should there be delay in obtaining any forms, kindly return this Claim Form first to the Office which issued the Policy.

Policy No.	
Name of Claimant (in full) [If more than one, state names of all] Full Postal Address Relationship of Claimant with the deceased	
State nature of title under which Claimant is claiming the amount	
Particulars of the Insured Person who died in the accident Name (in full) Last full Postal Address Last Occupation Age at the time of the accident	
When did the accident happen? (Give date and exact time) Where did the accident happen? Give full description of the accident, its cause and injuries sustained State date, time and place of death	
On what date did the claimant receive information in regard to the accident and from whom?	
Give the names and addresses of two persons who witnessed the accident	
Was the deceased free from infirmity at the time of accident? If not, give particulars. Was the deceased under the influence of drugs or drink at the time of accident? Is the Claimant satisfied that the death was directly due to the accident? Give the names and addresses of the Hospital, Clinic or	

Nursing Home where the deceased was treated after the accident. The Physician / Surgeon who attended on the deceased after the accident His regular Physician, if any	
Did the deceased have any other Accident Insurance on his life? If so, state the name of the Insurer/s and amount/s claimed.	

I / We hereby affirm and declare that the answers to all the above questions are full and true in every respect.

Signature of Witness **Signature of Claimant**

Name

Address

Place: **Date:**