



Is the injured person in your direct employment:  Yes  No

If No, give name and address of contractor and nature of contract: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who noticed the loss and when: \_\_\_\_\_  
\_\_\_\_\_

Please attach a statement of the person

Circumstances leading to loss and cause: \_\_\_\_\_

Please attach separate sheet, if necessary

Give the employment record of the person.

Date of joining: [D|D|M|M|Y|Y|Y|Y]

Continuous employment? If not, give details of break: \_\_\_\_\_

**D. PLEASE FURNISH THE INJURED/DECEASED PERSONS EARNING DETAILS AS PER ANNEXURE 'A'**

**E. THE ACCIDENT**

Date and Time of Accident: [D|D|M|M|Y|Y|Y|Y] \_\_\_\_\_ (Hrs.)

The exact location of the Accident: \_\_\_\_\_

If the employee was under influence of intoxication at the time of accident: \_\_\_\_\_

If the accident resulted in injury or it was fatal \_\_\_\_\_

If the employee was taken to hospital  Yes  No

If Yes, please submit the following

a) Treatment details/disablement certificate in case of injury/deceasement

b) Post-mortem report in case of death

If the incident was reported to Police  Yes  No

If Yes, please submit police report

If No, submit reasons for not doing so \_\_\_\_\_

Was the employee guilty of any misconduct or disobedience to orders or rules \_\_\_\_\_

Names of the witnesses if any \_\_\_\_\_

I/We hereby declare that the above questions have been conscientiously and faithfully answered and would be liable for the correctness and completeness of the statement. I/We shall provide any additional information, if needed.

I/We also understand that issue of this form is not to be taken as an admissibility of liability.

Date: \_\_\_\_\_

Signature of Employer

Place: \_\_\_\_\_

Name and Designation







**BHARTI AXA GENERAL INSURANCE COMPANY LIMITED**

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