



IFFCO-TOKIO GENERAL INSURANCE COMPANY LIMITED
REGISTERED OFFICE: IFFCO Sadan, C - 1, District Centre, Saket, New Delhi 110017

Claim No.: _____

Date of Issue: _____

Group Personal Accident Insurance Claim Form

- Please note that this Claim Form is issued with out prejudice to the terms and conditions of the policy and issuance of this form should not be construed as admission of Liability.
- Please fill in all the blanks and give complete details of information asked for. In case space provided is found insufficient, a separate sheet may kindly be annexed.
- Please return this form, duly filled & signed, with in 7 days, from the date of it's issuance.
- Attach copy of Death Certificate/Post Mortem Report / Police Panchnama / Medical Certificate, whichever is applicable.

Policy No./ Sr. No. of Schedule			
Name & Address of the Insured Person (who has suffered injury / died in accident)			
Age			
Occupation			
Particulars of Claimant/(s) (to be filled in case other than insured person)			
Sr. No.	Full Name	Address	Relationship with Insured
Title under which the claimant is claiming			
Date & Mode of Receipt of Information			
Date of Accident	Time of Accident	Exact Location of Accident	
Description of Accident		Cause of Accident	
Name & Address of at least 2 Witnesses	1. 2.		
Extent of Injury			
Date & Time of Death			
Name/Add of Hospital (where injured was treated)			
Name/Add of Doctor (who attended injured)			
Name/Add of his Family Doctor			
Amount Claimed			
Details of Other Existing Insurances			
Name & Address of Company		Policy No.	Sum Insured

I, undersigned confirm that above given details are true & correct to the best of my knowledge

Name:

Signature:

Date: