



RAHEJA QBE GENERAL INSURANCE CO. LTD.

Claim Form – Personal Accident Insurance

Insured’s Details

Name: \_\_\_\_\_

e-Mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Pin Code: \_\_\_\_\_

Phone No: \_\_\_\_\_ Mobile: \_\_\_\_\_

Claimant’s Name & Address: \_\_\_\_\_

Policy Details

Policy No.: \_\_\_\_\_

Policy Period: From \_\_\_\_\_ To \_\_\_\_\_

Claimant’s/Deceased’s Details

Name: \_\_\_\_\_

Sex:  Male  Female Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Details of Accident

1. Date of Accident: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time \_\_\_\_\_ AM/PM

2. Place of Accident: \_\_\_\_\_

3. How did Accident occur? \_\_\_\_\_

4. Was it Reported to Police?  Yes  No. If yes, please give the following details.

Name of Police Station: \_\_\_\_\_

FIR No: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

5. Contact Details of Witnesses

| Sl. No. | Name | Address | Contact No. | E-mail ID |
|---------|------|---------|-------------|-----------|
|         |      |         |             |           |
|         |      |         |             |           |

6. Details of Injuries Sustained \_\_\_\_\_

7. Nature of disablement: \_\_\_\_\_

Extent of disablement: \_\_\_\_\_

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Period of Temporary Total Disablement: From \_\_\_\_\_ To \_\_\_\_\_

Present state of incapacity: \_\_\_\_\_

8. Is there a Claim for any Add on Covers? \_\_\_\_\_

9. Name and address of Medical Practitioner in attendance: \_\_\_\_\_

\_\_\_\_\_

10. Estimated Claim Amount under all sections. \_\_\_\_\_

11. Where and when can a Medical Officer of Raheja QBE visit you, if necessary? \_\_\_\_\_

\_\_\_\_\_

**Declaration**

I/We declare that I/We have not withheld any material information and that all statements made above are true to the best of my/our knowledge and belief I/We understand that the claim may be refused if the information given above is untrue, inaccurate or concealed.

**Place**

**Date**

**Signature of Insured**