

Child Personal Accident Insurance Claim Form

1. Policy Details

Policy Number

Insurer's Name

2. Child's Information

Full Name

Date of Birth

Gender

3. Parent/Guardian Information

Name

Relationship to Child

Contact Number

Email

Address

4. Accident Details

Date of Accident

Time of Accident

Place of Accident

Describe How the Accident Occurred

Nature of Injury

Treated by (Doctor/Hospital)

5. Claim Details

Total Amount Claimed

Details of Expenses Incurred

6. Declaration

I declare that the information given above is true and complete to the best of my knowledge.

Name

Date

Signature