

# Group Personal Accident Insurance Claim Form

## 1. Policy Details

Policy Number

Employer/Group Name

Member/Employee Name

Member/Employee ID

## 2. Claimant Details

Full Name

Date of Birth

Contact Number

Email

Address

## 3. Accident Details

Date of Accident

Time of Accident

Location of Accident

Describe How the Accident Occurred

## 4. Nature of Injury

Type of Injury

Part(s) of Body Injured

Treatment Details

## 5. Hospital/Doctor Details

Name of Hospital/Doctor

Address

Contact Number

## 6. Bank Details (for Claim Payment)

Account Holder Name

Bank Name

Account Number

IFSC Code

## 7. Declaration

☐

I hereby declare that the information provided above is true and correct to the best of my knowledge.

Place

Date

Signature