

Senior Citizen Accident Insurance Claim Form

1. Personal Information

Full Name

Date of Birth

Policy Number

Contact Number

Address

2. Accident Details

Date of Accident

Time of Accident

Location of Accident

Description of Accident

3. Injury & Medical Information

Nature of Injury

Treating Doctor / Hospital Name

Treatment Provided

4. Bank Details (for Claim Payment)

Account Holder Name

Bank Name

Account Number

IFSC Code

5. Declaration

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

Signature

Date