

SARV SURAKSHA - CLAIM FORM

(The issue of this form is not to be taken as an admission of Liability)

DETAILS OF INSURED

Insured's Name Date of Birth

Insured Address

City State

Pin Code Phone

Policy Number Period of Insurance to

Does the Insured have any other Insurance? Yes No

If yes please list all companies type of Insurance Policy Number and Insurance amount

Principal Outstanding on Loan EMI

PLEASE INDICATE WHETHER CLAIM IS IN RESPECT OF SECTIONS

Critical Illness Personal Accident Accidental Hospitalization Benefit Loss of Job

Credit Shield Insurance Policy Householder's Coverage Garage Cash

SECTION 1, 2 AND 5 – CRITICAL ILLNESS / PERSONAL ACCIDENT/ CREDIT SHIELD

Date of Sickness / Injury / Accide Place of Sickness/Injury/Accident

Nature of Sickness / Injury

Circumstances of Sickness / Injury / Death

Please list the names and addresses of all treating physicians and hospitals

Name

Street Address

City State

Pin Code Phone

Did police or other authorities investigate the accident? Yes No

If yes please provide name, address and telephone number of all investigating officers and agencies

SECTION 3- ACCIDENTAL HOSPITALIZATION BENEFIT

Insured's Name Date of Birth Marital Status

Insured's Address

City State

Pin Code Phone

Phone Number (Off) Phone Number (Res) Mobile

Name and address of employer

City State

Pin Code Phone

Policy Number Insured's Occupation

Does the insured have any other insurance ?

If yes, please list all companies, type of insurance, policy numbers and insurance amounts

CLAIM INFORMATION

Date of accident Time and place accident occurred

Please describe in detail the circumstances of accident (attach separate sheet if needed)

Was the accident related to the Insured's occupation?

If so, how?

Please describe the nature of Insured's injuries

Please list the names and addresses of all treating physicians and hospitals

Did police or other authorities investigate the accident?

If yes, please provide name, address and telephone number of all investigating officers and agencies

City State

Pin Code Phone

