PERSONAL ACCIDENT CLAIM FORM

Issuing Office

The Oriental Insurance Company Limited
Head Office, A-25/27, Asaf Ali Road, New Delhi-110 002

This form is issued without admission of liability and must be completed and returned within 7 days after its receipt. No claim can be admitted unless a medical overleaf be furnished at the expense of the claimant.

Claim No._____	Policy No._____
1. Name in Full_____ Residence_____ Business Address_____ Permanent Business or Occupation if more than one state all_____	Present Age _____Year Height_____ft._____Inc____ Wt._____st_____lbs
2. a) When did the accident occur? State day, date and hour b) Where did it occur? c) Give full particulars of the cause and the injuries sustained.	
3. Give name and address of the witness of the accident.	
4. a) Give name and address of the Doctors who attended you. b) Name and address of your ordinary Medical Attendant	
5. State where and when a Medical or other officer of the Company can visit you, if necessary.	
6.(a) State the number of days you have been necessarily and entirely confined to Bed, Room or House as the sole and direct result of the Injuries sustained.	6. (a) confined for …day……. From ……to (b)……
(b) If still confined, state probable duration of confinement. (c) Have you in any way attended to business or work during the above period? (d) Have you been able to attend to any portion of you business or occupation and if so, from what date?	(b) (c) (d)
7. Have you previously claimed or received compensation under an Accident and/or Sickness Policy? If so, give Particulars.	
8. a) Are you insured elsewhere? b) If so give the name of each Company or Insurer and the amount you are entitled to Claim.	(a) (b)

I HEREBY DECLARE that I have received the injuries above described and warrant the truth of the foregoing particulars in every respect, and I agree that if I have made, or if shall make false or untrue statement, suppression or concealment, my right to compensate shall be absolutely forfeited.

I claim to be paid sum of……..per week, or the total sum of ……which I agree to accept in full settlement of my claim on the company.

Dated_____ Signature_____