

(To be filled in by the person legally entitled to the policy money. All the details sought for must be furnished and must be clear & unambiguous)

Policy Number (s)	:	<div></div>
Date	:	<div> <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>

I. Information about the Claimant (if different from Life Assured)

1	a) Name of the Claimant	:	1)	<input type="text"/>
			2)	<input type="text"/>
	b) Complete Address & Tel. No.	:		<input type="text"/>
	c) Age of Claimant (In Years)	:		<input type="text"/>
	d) Relationship of the Claimant to the Deceased	:		<input type="text"/>
				<input type="text"/> Parent <input type="text"/> Spouse <input type="text"/> Son/ Daughter
				<input type="text"/> Others (Specify) _____
	e) Bank Details (Mandatory - (The Claimant should be a holder of the Account))			
	Bank Name	:		<input type="text"/>
	Bank Account No	:		<input type="text"/>
	Contact No of the Bank	:		<input type="text"/>
	Address of the Bank	:		<input type="text"/>

II. Information about the Life Assured and Accident

2	a) Name	:	
	Age (at the time of disability)	:	
	b) Date of Accident	:	<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> DDMMYYYY </div>
	c) Place of Accident	:	
	d) Time of Accident	:	
3	a) Last Employer's name and address	:	
	b) Designation	:	
4	Last residential address	:	
	a) How did the accident occur?	:	
	b) People involved in the accident	:	
	c) Details of disability/ Dismemberment	:	

Physical impairment area (Limbs, Eyes etc)	Nature of impairment (Permanent/ Temporary)	Time elapsed from this impairment (# of days)	Is the LA still under hospitalization?

d)	Name and address of Police Station where FIR was lodged (Please furnish a copy of the FIR)	:	
	e) FIR No.	:	
	f) Tel.:	:	
5)	Name and address of Hospital (where last /current treatment was/ is conducted)	:	

