

Please note that:

1. The issue of this claim form is not to be taken as an admission of liability

Details of the Insured

Name: _____

Address: _____

City: _____ State: _____ Pin Code:

Contact No.: Email ID: _____

Details of Injured Person/Employee

1	Name:	
2	Location where accident occurred:	
3	Date of Birth / Age	
4	Address at Native Place:	
5	Name & Address of Legal Heir:	
6	Details of employment in which the injured person is employed	
7	State fully the nature of work the injured person was doing at the time of the accident	
8	Is the injured person in your direct employment, If yes, from when? If not, for whom and in what capacity was he/she working at the time of accident?	
9	Details of hospital where injured person was taken? (name, address, telephone no., registration no.)	
10	Was injured person treated as in-patient or out-patient?	
11	State whether injured person is still in hospital or discharged. If discharged, provide date of discharge.	
12	State whether injured person has returned to work or not. If so, the date of resumption?	
13	Are you satisfied that the injured person has met with a bona-fide accident of employment?	
14	Is the injured person able to do partial work?	
15	What is the probable period of disablement?	

Details of Accident

1	Date & time of occurrence	
2	Brief description of accident	
3	When did you receive notice of accident, who has reported the accident ? (attach statement, if any) On what date did the injured person actually cease work?	
4	What was the general nature of the contract or work going on?	
5	State nature of injury	
6	Was the injured person under the influence of drink or drugs at the time of the accident?	
7	Was he guilty of any misconduct or disobedience to orders or rules? If yes, please give full particulars	
8	State through whose neglect it occurred, if any	
9	State the names of persons who witnessed the accident	

Detail of other Insurances

Give details of other insurance, if any, covering the present loss.

Details of Previous Losses

Give details of previous claims, if any

Bank details for NEFT payment (Please attach a cancelled cheque)

Bank Name: _____ Branch name: _____
 IFSC Code:

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 Account Number:

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Declaration

- I/We hereby declare that the information provided by me/us is to the best of my/our knowledge and the information so furnished, is accurate/correct.
- I/We also further declare that if the above information/ part of the information provided by me/us is observed to be false/ incorrect, the policy shall be void and all rights to recover thereunder, in respect of past or future claims, shall be forfeited.
- I/We also agree to render the Company all necessary help in recovering the amount of the loss or a part thereof either from carriers or from anybody whosoever caused the loss and ultimately become liable to make good the loss.
- I/We also agree to provide necessary co-operation and additional information to the Company, if required.
- I/We consent to the Company seeking necessary information and records, including medical information/records, in relation to this claim, whether by itself or through its authorized representatives.

Date:

D	D	M	M	Y	Y	Y	Y
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Place: _____

Signature of Insured

 Name and Designation
 (Stamp, where Insured is a juristic person)

Statement of Wages

Sr. No.	Month & Year	Basic pay & D.A	Over time, Bonus and Dearness Allowance	Concession value of food- stuffs	Value of free quarters 10% basic wages	ABSENCE (Give details of leave period and date of subsequent resumption of work)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

Total earnings in the period :

From:

D	D	M	M	Y	Y	Y	Y
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To :

D	D	M	M	Y	Y	Y	Y
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Average monthly wages:

If the worker's period of service was less than (_____) one month, give the average monthly wages of (_____) a workman employed on similar work, showing (_____) separately Basic Wages overtime, Dearness (_____) Allowance, Concession in value of food-stuffs, (_____) Value of free quarters etc. (_____)

Basic wages _____ ₹ _____
 Overtime _____ ₹ _____
 Dearness Allowance ₹ _____
 Concession in value of food – stuff. . . . ₹ _____
 Value of free quarter (10% of Basic wages) ₹ _____

If the worker was a daily paid employee, give

- (a) daily rate of wages
 - (b) daily allowances, if any
 - (c) number of days on an average that he/she would work in a month
- Are free quarter provided?

: ₹ _____
 : ₹ _____
 : _____ day

The above statement of earnings etc., is to the best of my knowledge and belief, true and accurate.

Date:

D	D	M	M	Y	Y	Y	Y
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Signature of employer

Note: The details are required as per the Employee's Compensation Act, 1923.