



**SECTION D – DETAILS OF CLAIM**

Name of benefits claimed with details:	
Total:	₹

**This Checklist will tell you which documents we need**

Duly filled and signed Claim Form <input type="checkbox"/>
Photo ID proof of insured and / or nominee or legal heir <input type="checkbox"/>
Death Certificate (issued by local administrative authorities, if applicable) <input type="checkbox"/>
Post Mortem Report (if conducted) <input type="checkbox"/>
Copy of FIR/ Panchnama /Police Inquest Report (wherever these reports are required as per the circumstance of the Accident) duly attested by the concerned Police Station <input type="checkbox"/>
Copy of Medico Legal Certificate (wherever it is required as per the circumstance of the Accident) duly attested by the concerned Hospital <input type="checkbox"/>
Original treating Medical Practitioner’s certificate describing the disablement <input type="checkbox"/>
Original Discharge Summary from the Hospital <input type="checkbox"/>
Any other medical, investigation reports, inpatient or consultation treatment papers, as applicable <input type="checkbox"/>
Leave/Absence Certificate from the Employer (If Employed) <input type="checkbox"/>
Medical Practitioner’s Certificate confirming the Injury and advising rest/confirming unfit to work for a specified number of days <input type="checkbox"/>
Fitness Certificate issued by the treating Doctor <input type="checkbox"/>
Medical & investigation reports <input type="checkbox"/>
Prescriptions and consultation papers of the treatment <input type="checkbox"/>
Proof to establish relationship – Passport/Education certificate establishing proof of relationship of Child with Parents / Birth Certificate. <input type="checkbox"/>
Photo Identity Proof of Child along with age proof <input type="checkbox"/>
Original Bonafide Certificate issued by the educational institution confirming that he/she is a full time student of the institution <input type="checkbox"/>

**SECTION F – DETAILS OF BANK ACCOUNT OF INSURED PERSON/NOMINEE/LEGAL HEIR**

a) PAN: <input type="text"/>	b) Bank Account Number: <input type="text"/>
c) Bank Name and Branch: <input type="text"/>	
d) Cheque/DD payable details: <input type="text"/>	e) IFSC: <input type="text"/>

**SECTION G – DECLARATION BY THE INSURED PERSON/CLAIMANT**

I hereby declare that the information furnished in this claim form is true & correct to the best of my knowledge and belief. If I have made any false or untrue statement, suppressed or concealed any material fact with respect to questions asked in relation to this claim, my right to claim reimbursement shall be forfeited. I also give consent and authorize the Company and its authorized TPA to seek necessary medical information/documents from any hospital/medical practitioner who has attended on the person for whom this claim is made. I hereby declare that I have included all the bills/receipts/available documents for the purpose of this claim & that I will not be making any supplementary claim.

Date:

Place:

Signature of the Insured Person/Claimant