

**NATIONAL INSURANCE COMPANY LIMITED****BRANCH OFFICE : YUSUF SARAI****G-11, HAUZ KHAS,****NEW DELHI 110 016****TEL : 011- 26854535, 26567267****TELEFAX : 91-11-26868375****PERSONAL ACCIDENT CLAIM FORM**

The issue of this claim form is not to be construed as an admission of liability on the part of the company & should be completed and returned to the aforesaid office of National Insurance Company Limited , within seven days

Insured :

Name of Life Insured :

Age :

Designation

Policy Number : 354801/

Date of Renewal :

Claim No:

1. State where & when the accident took place :
(Date & Hour to be mentioned)
2. State how it happened and what was the :
Life Insured doing at that time
3. State as fully as you can the nature & extent :
of injuries sustained.
4. Give the name & address of attending :
Doctor for the injuries sustained.
Is he a usual medical attendant ?
Has any other Medical man been consulted ?
5. If the insured / Life Insured is still disabled, :
please indicate when he/she is likely to be
fit to resume usual duties.
6. Was the insured in good health and free from
Physical defect / infirmity at the time of the
Accident ?
7. Is a claim being made under any other
Insurance. If so details thereof

I the undersigned do hereby declare that to the best of my knowledge and belief the foregoing particulars are true and correct.

Signature of employee :

For 

Date



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PERSONAL ACCIDENT MEDICAL CERTIFICATE

1. Name & Age of the injured person :
2. Describe Nature & Extent of Injuries :
3. Cause of accident as known to you ? :
4. a) When did you first attend on the injured person following the accident :
- b) Are you still attending on him :
5. Are you his usual medical attendant ? :
If you have treated him for any previous illness/ Injury please give details
6. a) Are his/her injuries
i) solely due to the accident :
ii) traceable to any disease/ infirmity
Previous injury or any other cause
- b) Is the injured person suffering from any Disease/ injury (apart from this injury Which directly / indirectly
i) May have contributed to the accident or
ii) is likely to retard his recovery from injuries, or
iii) is likely to aggravate his condition ?
7. a) According to you how long has the injured person to be confined to bed / house as the direct & sole consequences of the injuries sustained ?
b) During this period will the injured person be able to attend to any portion of his normal duties ? If so, from what date ?
c) If not, please state probable date of duties Resumption fully or in part
8. Any other remark you wish to make ?

I hereby declare that the injuries sustained by the person mentioned above are in accordance with the nature of the accident as described to me & that I treated the injured person for the said injuries.

Doctors Name :

Registration No :

Qualification :

Address:

Signature:
With date