



**IFFCO-TOKIO GENERAL INSURANCE COMPANY LIMITED**  
**REGISTERED OFFICE: IFFCO Sadan, C - 1, District Centre, Saket, New Delhi 110017**

Claim No.: \_\_\_\_\_

Date of Issue: \_\_\_\_\_

**Group Personal Accident Insurance Claim Form**

- Please note that this Claim Form is issued with out prejudice to the terms and conditions of the policy and issuance of this form should not be construed as admission of Liability.
- Please fill in all the blanks and give complete details of information asked for. In case space provided is found insufficient, a separate sheet may kindly be annexed.
- Please return this form, duly filled & signed, with in 7 days, from the date of it's issuance.
- Attach copy of Death Certificate/Post Mortem Report / Police Panchnama / Medical Certificate, whichever is applicable.

Policy No./ Sr. No. of Schedule				
Name & Address of the Insured Person (who has suffered injury / died in accident)				
Age				
Occupation				
Particulars of Claimant/(s) (to be filled in case other than insured person)				
Sr. No.	Full Name	Address	Relationship with Insured	
Title under which the claimant is claiming				
Date & Mode of Receipt of Information				
Date of Accident	Time of Accident	Exact Location of Accident		
Description of Accident			Cause of Accident	
Name & Address of at least 2 Witnesses	1. 2.			
Extent of Injury				
Date & Time of Death				
Name/Add of Hospital (where injured was treated)				
Name/Add of Doctor (who attended injured)				
Name/Add of his Family Doctor				
Amount Claimed				
Details of Other Existing Insurances				
Name & Address of Company			Policy No.	Sum Insured

I, undersigned confirm that above given details are true & correct to the best of my knowledge

Name:

Signature:

Date: