PERSONAL ACCIDENT CLAIM FORM

THE ORIENTAL INSURANCE COMPANY LTD.,

Incorporated in India Subsidiary of General Insurance Corporation of India
Regd Office : Oriental House A-25/27,Asaf Ali Road, New Delhi-110 002.

This form is issued without admission of liability and must be completed and returned within seven days after its receipt.
No claim can be admitted unless the medical certificate overleaf be furnished at the expense of the Claimant.

Claim No.....	Policy No.....	
1.Name in full..... Residence..... Business Adress..... Profession Business or Occupation } if more than one sate all }.....		Present Age _____Years Height _____ft. Weight in ____kgs_____
2.(a)When did accident occur? State day,date and hour (b)Where did it occur? (c)Give full particulars of the cause and the injurues sustained	(a) (b) (c)	
3.Give name and address of the witnesses of the accident		
4.(a) Give name and address of the Doctors who attended you (b) Name and address of your Ordinaty Medical Attemdant		
5.State where and when a Medical or other Officer of the Company can visit you,if necessary		
6(a).State the number of days you have been necessarily and entirely confined to Bed,Room or House, as the sole and direct result of the injuries sustained (b)If still confined to any,state which (c)Have you in any way attendended to business or work during the bove period? (d)Have you been able to attend to any portion of your business or occupation and if so from what date?	TO BED OR ROOM for_____days from_____ to_____ (Both inclusive) (b) (c) (d)	TO HOUSE for_____days from_____ to_____ (Both inclusive)
7.Have you previously claimed or received compensation under a Accident and/or Sickness policy.If so, please give particulars		
8.(a)Are you insured elsewhere? (b)If so,give the name of each Company or insurer and amount you ate entitled to claim	(a) (b)	

I HEREBY DECLARE that I have sustained injuries above described,and warrant the truth of the foregoing particulars in every respect,and I agree that if I have made,or shall make false or untrue statement,suppression or concealment my right to compensation shall be absolutely forfeited.

I claim to be paid the sum of.....per week,or the total sum of.....
which I agree to accept in full settlement of my claim on the company.

Date.....2000 Signature.....

PRIVATE & CONFIDENTIAL **MEDICAL REPORT**

THE ORIENTAL INSURANCE COMPANY LTD.,

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NOTE: The form is to be completed by the Claimant's Medical Attendent whose replies should be as full as possible

1. Policy No.....	Claim No.....
2.The date,time and Place where Accident occured	
3.Nature and extent of injuries (if to a limb state whether right or left)	
4.The cause of accident	
5.(a)Date of your first attendance upon him in consequence of the injuries sustained (b)Are you still in attendance	(a) (b)
6.Are you his usual Medical attendant and if so, how long have you know him and for what have you attended him	
7.(a) Are his symptoms (i)due exclusively to the accident or (ii) traceable to disease,infirmity or any other cause? (b)Has he ever suffered from Gout,Rhematism,Diabetes or Fits (c) Is there anything in his medical history which may have contributed directly or indirectly,to the accident or which be likely to retard his discovery? (d) Have you any reason to supppose that he was under the influence of intoxicants at the time of accident?)	(a) (I) (ii) (b) (c) (d)
8.State whether he has admitted in the hospital If so. (a) Date of Admission (b) Date of discharge (c) I.P.No.	
9.If treated as out patient,OP No.	
10.Please state whether the injury is visible	
11.Nature of treatment given,such as (a) Whether operation was done, if so the details (b)Whether P.O.P was applied,if so the details (b) Whether P.O.P was applied, if so date on which P.O.P was applied and date of Removal. (c)Whether dressing of wounds had to be continued, if so for how many days	(a) (b) (c)
12.State the period of Temperory Total disablement as the direct and sole consequences of the injury sustained (ie.the period during which he is wholly prevented from attending business or occupation of any nature)	From : To:
13.State the period of Temperory partial disablement if any as the direct and sole consequence of injury.(ie. the period during which he is able to occupation	From : To:
14.Is there now any disability, if so give details	
15.Any further	

I HEREBY DECLARE that I have sustained injuries above described,and warrant the truth of the foregoing particulars in every respect,and I agree that if I have made,or shall make false or untrue statement,suppression or concealment my right to compensation shall be absolutely forfeited.

I hereby certify the above named with the accident referred to and that the foregoing statements are correct

Name.....Qualification.....
Address.....