



National Insurance Co. Ltd.,

Mumbai Corporate Regional Office, National Insurance Building, 2nd Floor, 14, Jamshed Ji
Tata Road, Churchgate, Mumbai 400 020

Fax No : 022 22026496 email : 251100@nic.co.in

GROUP PERSONAL ACCIDENT – CLAIM INTIMATION CUM CLAIM FORM

Issuance of this form is not to be taken as an admission of liability

Policy		Claim No.:	
		Date of Claim registration:	
	Policy No. _____, Policy Period __/__/____ to __/__/____		

1. Name of the TAG owner			
2. ETAG No.			
3. Vehicle No.			
4. Name & Address of the Claimant #	Flat/ Door No	Building name	
	Road		
	Area		
	City	Pin code	
	State		
	Phone No.		
	Mobile No.		
E-mail Id			
5. Details of the Accident			
a. Date of accident:			
b. Time of accident:			
c. Place of accident:			
d. Date of death:			
e. Claim Amount:			
f. Brief Description :			

6. Documents submitted (Tick the box)	
a) Attested copy of FIR Report *	<input type="checkbox"/>
b) Attested copy of Post Mortem Report	<input type="checkbox"/>
c) Death Certificate- Original	<input type="checkbox"/>
d) TAG Declaration	<input type="checkbox"/>
e) PAN card copy of the Claimant or UID	<input type="checkbox"/>
f) Copy of Valid Driving License	<input type="checkbox"/>
g) Legal Heir Certificate	<input type="checkbox"/>
h) Indemnity Bond	<input type="checkbox"/>
Additional Requirement: Viscera Report / chemical analysis report in case where post mortem report shows the cause of death due to poisoning or alcohol or any substance abuse. <input type="checkbox"/>	

I/We hereby declare that the foregoing statements made by me/us are true in all respects, that I/We have not attempted to conceal from the Company anything with which it ought to be made acquainted and that if I/We have made or in any further declaration the Company may require shall make any false or fraudulent statement or untrue averment whatever, the Claim shall be void and my/our right to compensation forfeited. I am/ We are willing if required, to make and provide to the Company a statutory Declaration of the whole of the foregoing statement or of any other statement made in connection with this claim.

Name of Claimant.#.....

should be of the same person

Signature of Claimant #

Contact Details #

Certification from EuroAssist :

NATIONAL INSURANCE COMPANY LIMITED
Pre Receipted Loss Voucher Discharge
(Not to be construed as admission of Liability by Insurer)



Received from National Insurance Company Limited the sum of INR One Lac (INR 1,00,000/-) as per _____

We agree that this payment absolves the company from all further liability whether now or hereafter become manifest in respect of this accident under their personal accident

Policy No: _____.

Driver's Name:
ETAG No:

Signature:

Dated: _____ Place: _____

Please affix
Revenue
Stamp of Re.1/-

Address

Witness By:		
Name	Address	Signature
1.		
2.		

=====

For Office Use Only
(To be filled by policy issuing office)

UTR NO: _____

Amount _____

Date: _____

