



THE ORIENTAL INSURANCE COMPANY LIMITED

Regd. Office : Oriental House, P.B.No.7037,A-25/27, Asaf Ali Road, New Delhi- 110002

CLAIM FORM FOR NAGRIK SURAKSHA INDIVIDUAL POLICY

The Branch/Divisional Manager

CLAIM No. _____

The Oriental Insurance company Ltd.,

I hereunder give the details of the accident and the subsequent medical treatment taken at the hospital/nursing home.

1.NAME OF THE CLAIMANT :

2.NAME OF THE INSURED PERSON :

3.PRESENT RESIDEDENTIALADDRESS
OF THE INSURED :

(a)Policy No:

(b)Period: From _____To

4.DETAILS OF THE POLICY UNDER
WHICH CLAIM IS PREFERRED :

(a)Date: _____

(b)Time: _____

(c) Place: _____

(d) Details of occurrence _____

(please attach separate sheet)

5.BRIEF DETAILS OF THE ACCIDEDNT :

6.DETAILS OF DISABILITY/ DEATH :
(INCASE OF DEATH ORIGINAL DEATH
CERTIFICATE FROM THE APPROPRIATE
AUTHORITY MUST BE ATTACHED

7.NAME AND ADDRESS OF THE HOSPITAL/
NURSING HOME WHERE THE
INSURED HAD UNDERGONE THE
TREATMENT. :

(a): Rs.____

(under PA Section of the policy)

(b): Rs._____

(under hospitalization section of the Policy)

8.DATE AND TIME OF ADMISSION AND
DISCHARGE FROM THE HOSPITAL/
NURSING HOME. :

9.DETAILS OF THE AMOUNT CLAIMED :

NAGRIK SURAKSHA INDIVIDUAL POLICY

UIN: IRDA/NL- HLT/OIC/P- H/V .1/20/14-15

I FURTHER CONFIRM AND DECLARE THAT THE INFORMATION FURNISHED ABOVE ARE TRUE TO THE BEST OF MY KNOWLEDGE AND IF AT ANY STAGE IT IS FOUND THAT ANY OF THE INFORMATION FURNISHED BY ME ABOVE IS INCORRECT, THE CLAIM PREFERRED ABOVE MAY BE FORFEITED, BY THE COMPANY.

DATE: _____

PLACE: _____

SIGNATURE OF THE CLAIMANT

NB : 1. PLEASE NOTE THAT ISSUANCE OF THIS CLAIM FORM DOES NOT AMOUNT TO ADMISSION OF THE LIABILITY BY THE COMPANY.

2. ALL THE ORIGINAL DOCUMENTS LIKE CASH MEMOS BILLS ETC. SHOULD BE ENCLOSED IN SUPPORT OF CLAIM.

LIST OF ENCLOSURES: 1. 2. 3. 4

NAGRIK SURAKSHA INDIVIDUAL POLICY
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