



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 CLAIM UNDER NAGRIK SURAKSHA 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
- 4.DETAILED OF THE POLICY UNDER : (a)Policy No:
WHICH CLAIM IS PREFERRED (b)Period: From _____ To
- 5.BRIEF DETAILS OF THE ACCIDEDNT : (a)Date: _____
(b)Time: _____
(c) Place: _____
(d) Details of occurrence _____
(please attach separate sheet)

- 6.DETAILED 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.
- 8.DATE AND TIME OF ADMISSION AND :
DISCHARGE FROM THE HOSPITAL/
NURSING HOME.
- 9.DETAILED OF THE AMOUNT CLAIMED : (a): Rs.____
(under PA Section of the policy)
(b): Rs. _____
(under hospitalization section of the Policy)

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. ALLTHE ORIGINAL DOCUMENTS LIKE CASH MEMOS BILLS ETC.SHOULD BE ENCLOSED IN SUPPORT OF CLAIM.

LIST OF ENCLOSURES:1. 2. 3. 4.

S C H E D U L E

Name of the insured	Age (years)	Sum insured		Total Sum insured (Rupees) 100%	Cumulative Bonus
		Personal Accident Section (Rupees) 80%	Hospitalisation Section (Rupees) 20%		

Assignee: - In case of Death claim payable to : _____

Premium Rate (Rs. %0)	Rs. _____	Net premium	Rs. _____
Staff Discount	Rs. _____		
Family Package Discount	Rs. _____	Service Tax	Rs. _____
Group Discount	Rs. _____		
No claim Bonus/Loading	Rs. _____	Total Premium	Rs. _____

Collection No.	_____	for and on behalf of
Collection Dt.	_____	The Oriental Insurance Company Limited
Authorised Signatory	_____	