



\*Please attach discharge card, bills, cash memos, diagnostic reports etc.

**SECTION II**  
**PERSONAL ACCIDENT COVER TO EARNING HEAD OF THE  
FAMILY**

Name of the insured:

Sex                      Age:

Date of accident:

Date of death:

Details of accident in brief:

Date of intimation to Police:

Please submit FIR & Post Mortem Report

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I declare that to the best of my knowledge all particulars contained in form are true

Date:

Signature of the Claimant/Nominee

Place:

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For Office Use Only:

**SECTION I**

**Amount:**

- A) Claim under Hospitalisation:
- B) Claim for Disability Compensation
- C) Claim under Maternity Benefit

**SECTION II**

PA CLAIM FOR DEATH

Total: