



general insurance

Bharti AXA General Insurance Company Limited

1800-103-2292
claims@bharti-axagi.co.in
SMS <CLAIM> to 5667700
www.bharti-axagi.co.in

SmartPersonal Accident - Individual Insurance Claim Form

Important Note

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

Please fill this form in Block Letters and Tick the Boxes [checked] where appropriate and do not leave any column unanswered.

Part - I

Policy Number: [] Claim Number: []
Period of Insurance: [D|D|M|M|Y|Y|Y|Y] to [D|D|M|M|Y|Y|Y|Y] INS ID No.: []

1 Insured details

Name of the Insured: []
Address []
City []
Pin code [] State []
Contact Nos. Mobile No. [] Office +91 []
Residence +91 [] E-mail ID []
For Group Policies:
Corporate Name [] Employee Code []

2 Injured/deceased details:

Name of the Insured/Deceased [] Gender: [] Male [] Female []
Relationship with the Insured [] Date of Birth [D|D|M|M|Y|Y|Y|Y]

3 Claim details:

Date of Accident [D|D|M|M|Y|Y|Y|Y] Time of Accident [H|H|M|M] (Kindly provide exact location of accident)
Place of Accident []
Witnesses, if any Brief narration of accident: []

Whether FIR filed? [] Yes [] No If yes, FIR No. []

Police Station []
If no, please state reasons for not informing police: []

Name of attending Doctor/Physician []

(Please attach a report from the attending physician in attached format)

Name of Hospital, where admitted/treated []

Address of Hospital []

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If any detail or information is not readily available, please do not delay despatch of this report and such particulars may be sent later.

Part - II: Attending physician's statement

Name of the Injured/Deceased [grid]

Age [grid] Years Gender: [] Male [] Female

Address [grid]

City [grid]

Pin code [grid] State [grid]

Date when injured was brought to you first: [D|M|Y|Y|Y|Y]

Diagnosis: [line]

Please provide previous medical history of the injured: [line]

Is the present condition/disability attributable to congenital defect? If yes, please provide details: [line]

Nature of the accident and details of injuries sustained: [line]

Are the injuries solely due to the accident or traceable to any previous injuries/disease/infirmities? [line]

Nature of treatment/surgery performed for present illness/disease/injury: [line]

Was injured/deceased under the influence of intoxicants or drugs at the time of accident? If yes, please provide details of diagnosis done and alcohol content. [line]

Are you his/her usual medical attendant? If yes, please give detailsof previous treatment for any illness/disease/injury: [line]

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Attending Doctor's Name

Registration No.

Address

City

Pin code

State

Telephone No.

Date: _____

Doctor's Signature

Insurance is the subject matter of the solicitation.