

THE NEW INDIA ASSURANCE COMPANY LIMITED

Regd & Head Office: New India Assurance Building, 87, Mahatma Gandhi Road, Bombay - 400 001.

RAJRAJESWARI MAHILA KALYAN CLAIM FORM

The issue of this form is not to be taken as an Admission of liability.

CLAIN	1 NO
SECT	ION I (TO BE FILLED IN FOR ALL CLAIMS)
1.	(a) Insured's Name
	(b) Address:
	(C) Age:
	(d) Marital status:
	(e) Name of Husband (if married):
	(f) Occupation of husband:
	(g) His Age:
	(h) If not married, name of the nominee:
	(i) Age of the nominee:
	(j) Relationship with Insured:
2.	(a) Policy No
3.	(a) Name of deceased/injured :

	(b) Particulars of Accident: (c) Date and time of Accident:		
	(d) Place of Accident:		
	(e) If removed to hospital, name of the	hospital:	
4.	Do you have any other RMK policy? Yes	5/ No	
	(a) If yes, Name of the company:(b) Policy No.:		
	(c) Period yrs From (d) Issued at:	_ to	
5.	Claim in case of Divorce proceedings (a) Legal proceedings initiated by:		
	(b) Name of the court:(c) Date of filing the case:		
	(d) Date of decree:(enclose certified copy of d(e) Name of Advocate and his addres	lecree)	
	(f) Legal expenses incurred:(enclose Documentary evide		
6.	Details of Loss/Damage of household g (a) Date of accident:		
	(b) Cause of loss/damage:(c) In case of burglary/theft, whether	FIR has been lodged:	_
	(d) Items lost/damaged 1 2	Amount. Rs.	
	<u> </u>		
	(e) Are you the sole owner of the pro	operty lost/damaged:	
the tru or in a shall m	he above name do hereby declare to the oth of the foregoing statements in every my further declaration which the compar make any false or fraudulent statements be void and all rights to recover thereunded.	respect and I/we agree that I/w ny may required in respect of the or any suppression or concealm	e have made, e said accident, ent the policy
Date _			
Signat	rure of witness	(Signature of the Claimant)	
SECTI	ON II (TO BE FILLED IN BY HOSPIT	AL AUTHORITIES)	
1.	Name and address of the hospital:		
3.	Date of admission: Date of death: Cause of death:		

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Extent of injuries:			
6. Date of postmortem:	of postmortem:		
Date Rubber Stamp of Hospital	Signature of the Competent Authority		
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