



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.
CLAIM NO. _____

SECTION 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. _____
(b) Period From _____ to _____
(c) Issued at _____
3. (a) Name of deceased/injured : _____

5. Extent of injuries: _____
6. Date of postmortem: _____

Date _____
Rubber Stamp of Hospital

Signature of the Competent Authority