



general insurance

Bharti AXA General Insurance Company Limited

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SmartPersonalAccident - 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|M|Y] to [D|M|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|M|Y]

3 Claim details:

Date of Accident [D|M|Y] Time of Accident [H|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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Please fill this form in **Block Letters** and **Tick the Boxes** where appropriate and do not leave any column unanswered.

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

Age Years Gender: Male Female

Address

City

Pin code State

Date when injured was brought to you first:

Diagnosis:

Please provide previous medical history of the injured:

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

Nature of the accident and details of injuries sustained:

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

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

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.

Are you his/her usual medical attendant? If yes, please give details of previous treatment for any illness/disease/injury:

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.