

GRAMIN SURAKSHA BIMA

Claimant's Statement

Date of accident _____/____ Time and place accident Please describe in detail the circumstances of accident (attach separate sheet if needed): Was the accident related to the Insured's occupation? ______ If so, how? Please list the names and addresses of all treating physicians and hospitals:_____ Date of Admission: _____ Date of Discharge: _____ Hospitalization Expenses:_____



Please describe the cause of the Insured's death: Was an autopsy performed? If yes, please provide name and address of Medical examiner Was a coroner's inquest held? If yes, what was the determination?	Did police or other authorities investigate the accident? If yes, please provide name, address and telephone number of all investigating officers and agencies:	
Was an autopsy performed? If yes, please provide name and address of Medical examiner Was a coroner's inquest held? If yes, what was the determination? CLAIM INFORMATION FOR DISABILITY Nature of Injuries: Has the Accident resulted into Loss of Hand / Hands or Loss of Foot / Feet / Eye / Eyes / Permanent Tota	CLAIM INFORMATION FOR DEA	тн
Was a coroner's inquest held?If yes, what was the determination?If yes, what was the determination?If yes, what was the determination? CLAIM INFORMATION FOR DISABILITY Nature of Injuries: Has the Accident resulted into Loss of Hand / Hands or Loss of Foot / Feet / Eye / Eyes / Permanent Tota	Please describe the cause of the	e Insured's death:
CLAIM INFORMATION FOR DISABILITY Nature of Injuries: Has the Accident resulted into Loss of Hand / Hands or Loss of Foot / Feet / Eye / Eyes / Permanent Tota		
Has the Accident resulted into Loss of Hand / Hands or Loss of Foot / Feet / Eye / Eyes / Permanent Tota	determination?	
	Nature of Injuries:	
)isability of any other type which may prevent the Insured Person engaging in or heing occupied with or	Has the Accident resulted into	Loss of Hand / Hands or Loss of Foot / Feet / Eye / Eyes / Permanent Total
	Disability of any other type whi	ch may prevent the Insured Person engaging in or being occupied with or
giving attention to any employment or occupation whatsoever? If yes, please details		ment or occupation whatsoever? If yes, please details
Please also attach the Certificates & Reports from the Hospital Authorities or Attending Civil Surgeons		, , , ,