

ADDDDB Claim Intimation Form

Policy No: _/_/_/_/_/_/_/_/_/_

Name of Life Assured: _____

Date of Accident: _____ Place of Accident: _____

Cause of Accident: _____

Detailed description of Accident:

The above statements are true and correct to the best of my knowledge.

Signature of Claimant: _____ Dated: _____

Name of Claimant: _____ Relation to the Life Assured: _____

Address: _____

Phone Number: _____ Email id (if any): _____

If the executant is an illiterate (affixing thumb impression) or a person subscribing his/her signature in vernacular then the witness has to attest the thumb impression / Signature and execute the following declaration

Certified that the contents of this Form were explained by me to Mr./Mrs./Ms. _____ (Insert name) in _____ language and that he / she has affixed his/her signature/thumb impression thereto in my presence after thoroughly understanding the same. I have truthfully recorded the replies given.

Date:

Signature of witness: _____

Name: _____

Address: _____

Phone Number: _____