



E-CLAIMS NOTIFICATION (For Personal Accident Claim)

Brief details of Sender/ Caller	
a) Name & Designation	
b) Contact Number	
c) Email id	
Policy No.	
Name of Insured Person (Claimant)	
Age of Insured Person (Claimant)	
Date of Accident & Time	
Accident Location	
Brief details – How did Accident take place?	
Nature of Injuries sustained	
Probable period of Disability as recommended By doctor	
Type of Loss (Weekly Benefit/Disability/Death)	
Conatct Person (s) details	
a) Name & Designation	
b) Contact Number	
c) Email id	
PLEASE NOTE : FOR REGISTRATION OF CLAIMS	

Note : This is only accident intimation form for claim registration number .

For reimbursement, these are the documents which are required to be submitted for claim reimbursement in [Group Accident Policy](#):

- 1) Duly filled and signed claim Form-attached.
- 2) Inttial Prescription of doctor.
- 3) Police report, if any.
- 4) Discharge summary in case hospitalization.
- 5) OPD record along with Prescriptionetc.
- 6) X-rays/other Medical reports.
- 7) Leave Certificate form from employer.
- 8) Salary Slip.
- 9) Medical fitness certificate from attending doctor.

IFFCO TOKIO GENERAL INS CO LTD
10) PLOT NO. 2 B&C, 4th FLOOR,
11) CHANDIGARH