

Personal Accident Insurance Claim Form Sample

Download our **personal accident insurance claim form sample** to streamline the process of filing your claim. This template ensures you provide all necessary information accurately for quicker approval. Use it as a guide to avoid common mistakes and delays in your insurance claim submission.

1. Personal Details

Full Name:

Date of Birth:

Address:

Phone Number:

Email Address:

2. Policy Information

Policy Number:

Policy Effective Date:

3. Accident Details

Date of Accident:

Time of Accident:

Location of Accident:

Description of Accident:

4. Injury Details

Describe the injuries sustained:

Hospital/Doctor Name:

Date of First Treatment:

5. Claim Details

Amount Claimed:

Is there any other insurance covering this accident?

☐ Yes ☐ No

6. Declaration

I hereby declare that the information provided is true and correct to the best of my knowledge.

Signature:

Date:

Submit Claim