

Personal Accident Claim Form Sample for Students

Download our **personal accident claim form sample for students** to efficiently report and process injury-related insurance claims. This easy-to-use template ensures all necessary details are captured to support a smooth claim experience. Ideal for students seeking prompt assistance after an accident.

Personal Information

Full Name:

Student ID:

Date of Birth:

Contact Number:

Email Address:

Address:

Accident Details

Date of Accident:

Location of Accident:

Description of Accident:

Description of Injury:

Medical Details

Hospital/Clinic Name:

Attending Doctor:

Treatment Received:

Supporting Documents

- Copy of Student ID
- Medical Report/Certificate
- Hospital/Clinic Bills
- Accident Report (if applicable)

Please attach the above supporting documents to your claim submission.

Declaration

I hereby declare that the information provided above is true and accurate to the best of my knowledge. I understand that any false declaration may result in the rejection of this claim.

Signature:

Date:

Submit Claim