

Personal Accident Claim Form

Accidental Death

Use this **personal accident claim form** sample to accurately report and process accidental death claims. It ensures all necessary details are provided for a smooth and efficient claim settlement. Download and complete the form to facilitate timely assistance during difficult times.

1. Policy Details

Policyholder Name:

Policy Number:

Insurer Name:

2. Deceased Person Details

Full Name:

Date of Birth:

Relationship to Policyholder:

Address:

3. Accident Details

Date and Time of Accident:

Place of Accident:

Cause and Description of Accident:

Witnesses (if any):

Police Report Number (if applicable):

4. Death Details

Date of Death:

Place of Death:

Death Certificate Number:

5. Claimant Details

Claimant Name:

Relationship to Deceased:

Contact Number:

Bank Account Details (for claim payment):

6. Declaration

I hereby declare that the above information is true and correct to the best of my knowledge. I agree to provide any further documents as required by the insurer.

☐ I confirm the declaration above.

Submit Claim

Reset Form