

Personal Accident Insurance Declaration Form

The **Personal accident insurance declaration form** sample provides a clear template for individuals to declare relevant information accurately when applying for accident coverage. This form ensures that all necessary details are captured to process claims efficiently and safeguard the insured's interests. Using a standardized sample helps minimize errors and delays during the insurance approval process.

1. Personal Details

Full Name:

Date of Birth:

Gender:

Select...

Residential Address:

Contact Number:

Email Address:

2. Insurance Details

Type of Coverage:

Select...

Sum Insured (USD):

Policy Start Date:

Policy End Date:

3. Medical & Health Declaration

Do you have any pre-existing medical conditions?:

Select...

If yes, please provide details:

4. Nominee Details

Nominee Name:

Relationship with Nominee:

Nominee Contact Number:

Declaration:

I hereby declare that all information provided above is true, complete, and correct to the best of my knowledge. I understand that any misstatement or non-disclosure may affect my insurance coverage and claim eligibility.

Signature:

(Type your name as signature)

Date:

Submit