

# Personal Accident Claim Form Sample for Minor Injuries

Use this **personal accident claim form sample** to document and submit claims for minor injuries effectively. The form ensures all necessary details are captured for a smooth processing of your compensation. It is designed to simplify the claim process and provide clear information for insurers.

## 1. Policyholder Information

Full Name:

Policy Number:

Date of Birth:

Contact Number:

Email:

Address:

## 2. Incident Details

Date of Incident:

Time of Incident:

Place of Incident:

Brief Description of Incident:

## 3. Injury and Treatment Information

Type of Injury:

Treatment Received:

Attending Doctor/Clinic:

Were you hospitalized?

No

## 4. Supporting Documents

Attach relevant documents (e.g., medical report, bills):

Choose File

No file selected

## 5. Declaration

I declare that the above information is true and complete to the best of my knowledge.

Signature:

Date:

Submit Claim