

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:	<input type="text"/>
Policy Number:	<input type="text"/>
Date of Birth:	<input type="text"/>
Contact Number:	<input type="text"/>
Email:	<input type="text"/>
Address:	<input type="text"/>

2. Incident Details

Date of Incident:	<input type="text"/>
Time of Incident:	<input type="text"/>
Place of Incident:	<input type="text"/>
Brief Description of Incident:	<input type="text"/>

3. Injury and Treatment Information

Type of Injury:	<input type="text"/>
Treatment Received:	<input type="text"/>
Attending Doctor/Clinic:	<input type="text"/>
Were you hospitalized?	<input type="text"/> No <input type="button" value="▼"/>

4. Supporting Documents

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

No file selected

5. Declaration

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

Signature:	<input type="text"/>
Date:	<input type="text"/>

Submit Claim