



- 
3. (a) Who has made the claim on you ?  
(If claim has been made in writing,  
attach a copy of the demand/legal  
notice received and of the bill,  
if any, submitted).
- (b) Name and Address of the Patient.
- (c) His age and occupation.
- (d) When did he first consult.
- (e) His general physical condition now.
- (f) Give full particulars of any other  
relevant aspect
- 

4. Amount claimed as damage from you :

---

- 
5. (a) Give the names and addresses of  
Person who witnessed the incident :
- (b) has the incident been reported  
to IMC or any other authority ?  
If so, state to whom and attach  
A copy of the report submitted. :
- (c) What action, if any, has been taken  
by the authority ?
- 

---

6. Give particulars of other insurance  
if any, in respect of the same risk. :

---

---

7. Has any claim been made upon you before.

---

---

I/We the above named, do hereby, to the best of my/our knowledge a belief, warrant the truth of the foregoing statements in every respect; and I/We agree that if I/We have made, or in any further declaration the Company may require in respect of the said accident shall make any false or fraudulent statement, or any suppression or concealment my/our claim shall be absolutely forfeited, and the Policy shall be null and void.

Witness : Signature \_\_\_\_\_ Insured' s Signature \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

### **ECS Details of the Insured**

1	Name of the Insured (as appearing in the Bank Account)	
2	Bank Name	
3	Branch and address	
4	Bank Account No.	
5	Bank Account Type	
6	IFSC Code	
7	MICR Code	