

PA BASIC DETAILS – FOR REGISTRATION OF CLAIM

SL.NO	DETAILS	
1	POLICY NO	
2	NAME OF THE COMPANY	
3	NAME OF INSURED	
4	EMP ID NO	
5	DATE OF ACCIDENT	
6	TIME OF ACCIDENT	AM / PM
7	PLACE OF ACCIDENT WITH PIN CODE	
8	DETAILS OF ACCIDENT	
9	DETAILS OF INJURY	
10	CLAIM FOR TTD /PPD / DEATH	

DATE :

SIGNATURE OF THE INSURED/COMPANY