

CLAIM FORM FOR PERSONAL ACCIDENT INSURANCE - XTRAPOWER FLEET CARD PROGRAM

(Death/Total Permanent Disablement(TPD)/Partial Permanent Disablement(PPD)

THE ORIENTAL INSURANCE CO. LTD. M.C.D.O. 16, Magnet House, 4th floor, N.M. Marg, Ballard Estate, Mumbai 400 001.

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1	Name of the Owner :	
	Claimant i.e. Fleet owner/driver/	
2	Helper cum cleaner :	
3	Whether Claimant is the Owner of the Vehicle :	
4	Customer ID :	
5	Card PAN No. :	
6	Regn. No. of the Vehicle/Vehicles involved :	
7	Date & Time of Accident :	
8	Place of Accident :	
9	Cause of Accident :	
10	Nature of Injury (Death/TPD/PPD) :	
11	Disability Percentage, if claim is for TPD/PPD :	
12	Name, Place & Regn. No. of Hospital/ Name & address of attending Doctor :	
13	Amount claimed : (Death/Total Permanent Disablement(TPD)/Partial Permanent Disablement(PPD))	
	Counter signature of Owner of Vehicle, if claimant not the owner	
	Signature of Claimant	

