

**CLAIM FORM FOR PERSONAL ACCIDENT INSURANCE - XTRAPOWVER FLEET CARD
PROGRAM**

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

**THE ORIENTALINSURANCE CO. ITD. M.C.D.0.16,Magnet House,4th
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1	Name of the Owner :	
2	Claimant i.e. Fleet owner/driver/ 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 Claim (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