ओरिएण्टल इंश्योरेंस Oriental insurance

GREATER BANK
The Greater Bombay Co-operative Bank Limited
(Scheduled Bank)

This form is issued without admission of liability and must be completed and returned within 7 days after its receipt.

Claim No._____ **Bank Branch Name & Code_____**	**Policy No._____**
N _1. Name in Full_____ **Address_____** **_____** **Contact Number_____** **2**	**2. Name of the Bank with address_____** **_____** **_____** **_____** **_____** **Saving Account No._____**
3.3. 3. A) When did the accident / death occur? State Day, Date and Hour **B) B) Where did it occur?** **C) Give full particulars of the cause of death / injuries sustained.** **B)**	
4. Give name and address of the attending Doctors	
5. State where and when a Medical or other Officer of the Company can visit you, if necessary.	
6. Have you previously claimed or received compensation under an Accident Policy? If so, give Particulars.	
7. A) Are you insured elsewhere? **B) If so, give the name of each Company or Insurer.**	**A)** **B)**
8. A) In case of Death, Original FIR / Post Mortem Report/ Death Certificate to be attached. **B) In case of Disability, Disability Certificate from Civil Surgeon to be attached.**	

I HEREBY DECLARE and warrant the truth of the foregoing particulars in every respect, and I agree that if I have made, or if shall make false or untrue statement, suppression or concealment, my right to compensation shall be absolutely forfeited.

Dated _____ Signature_____

(Claimant)