STATEMENT OF CLAIM RELATED TO GROUP/PERSONAL ACCIDENT INSURANCE

Policy Nº :……Effective date:……..End Date :…….
Date of declarationofdisaster **……..……**

I. GENRERAL INFORMATION

1. Name and Surname of the subscriber: ……
2. Place and date of birth: ……
3. N° of identity card: ……..……
4. Civil : Single □ married) □ Divorced □ widower □
5. Contact Person : ……..…
6. Postal Adress: ..……
7. E-mail adress: ……..……
8. Phone
   a) Mobile : ……
   b) Home landline: ……
   c) Office landline : …..……
9. Account Number and Bank : ..……
10. Profession : ……..……..…..

II. INFORMATION RELATING TO CLAIM

11. Declaring Person

Name and Surname : ……..……..
Adress : ……phone :
12. Date and time of the incident/ accident: ……..…
13. Place of incident/accident:……..
14. Witnesses of the accident
    a) ……..……
    b) ……..…
    c) ……
15. Who/What is responsible?……
16. What is his relationship with the policyholder?

17. Causes and circumstances of the incident :

……
……
……
……

18. Names and addresses of affected person

N°	**Name and Surname**	**Adress**	Types of damage	
			Death	Body injuries
1			□	□
2			□	□
3			□	□
4			□	□
5			□	□
6			□	□

19. Has there been any police statement? □Yes□ No

If so, by which police station?

……

14. Identification of causes of accident……..……..…..

……
……
……

All the above is so declared in good faith and in all sincerity.

Done at……, on ……

The Insured

NB: The prompt settlement of the claim will depend to a large extent upon your care while completing this form.