

Mahatma Gandhi University

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UNITED INDIA INSURANCE COMPANY LIMITED

Geetha Trade Centre, P.B.No. 210, Nagampadam, Kottayam -1

Phone: 0481 – 2560503, 2560361, Fax: 0481 – 2560293

CLAIM APPLICATION FORM - STUDENT SAFETY INSURANCE POLICY

(Note: The issue of this form does not constitute admission of liability.)

Note: Please submit this form duly completed in all respects together with relevant supporting documents to:

The Director of Student Services

Mahatma Gandhi University, P.D. Hills P.O., Kottayam Pin:686560

POLICY No:

VALID FROM:

TO:

CLAIM NO:

1. Details of Claimant:

(a) Name of Injured /Deceased(In BLOCK letters) :

(b) Name of the Educational Institution with
full address and telephone No. with STD code :

(c) To which University this Institution is affiliated : Mahatma Gandhi University, Kottayam

(d) Age & Class in which the student is Studying :

(e) Name of the claimant* :

[* Same as 1(a) above, in case of Insurance claim of injury due to accident]

Contact No./Mobile No. :

Full Address with Pin Code :

(f) Relationship of the claimant with the student :

(g) Was the Injured suffering from any physical
disability prior to accident and if so, give details :

2. Details of Accident:

(a) Date and time of accident :

(b) Where did the accident happened :

(c) Full details of the accident :

(d) Name and address of 2 witnesses to accident

d(1):

d(2):

3. Details of Injury:

(a) Description of injury/disability :

(b) Has the accident resulted in death of the student:

(c) If yes, the details regarding date and time of death, place of death etc. :

4. Details of Hospitalization

(a) Name, address and Telephone number with STD code of the Hospital where the student was admitted as inpatient :

(b) Date of admission :

(c) Inpatient Number :

(d) Name of the attending Doctor :

(e) Hospitalization expenses incurred (in words)(Rs.):
(submit all Prescriptions & Bills)

(f) Date of Discharge :

5. Previous Claims & Other Details

(a) Has any previous claim been preferred for the Insured person? If so details of the claim, amount received and date. :

(b) State whether the insured has commenced normal duties including attending institution :

(c) Any other matters to be declared :

I/We hereby affirm and declare that the answers to all the above mentioned questions and points are full and true in every respect.

Signature of Claimant/Parent/Guardian

Place:

Date: (Office Seal) Signature of Head of the Educational Institution

ATTESTATION

I,.....(Name)
as the Head of the Educational Institution - Reg. No.
hereby declare that the injured/deceased student.....(Name)
is/was studying in this Institution affiliated to Mahatma Gandhi University, Kottayam under Registration
No..... and that the above mentioned claimant is the guardian / parent of the
student as per our records and the facts of the case stated in this claim form is true to the best of my knowledge
and belief.

Signature:

(Office Seal) Name of attesting person:

Place: Designation:

Date: Name of the Institution:

DOCTOR'S CERTIFICATE

I,(Name)
..... (Designation) have today examined
..... (Name of student) agedand
hereby certify that he/she has died/permanently disabled to the extend mentioned in the disability certificate
attached /injured and hospitalized as inpatient solely and directly due to accident mentioned by the claimant.

	Signature:
(Hospital seal)	Name:
Place:	Designation:
Date:	Reg. No.:

CHECK LIST OF DOCUMENTS TO BE ENCLOSED:

CLAIM OF DEATH DUE TO ACCIDENT

1. Attested copy of the Death Certificate
2. Attested copy of FIR
3. Attested copy of Post Mortem Report
4. Attested copy of Legal heir ship certificate
5. Attested copy of College Identity Card of deceased
6. Proof of current years' premium remittance by college

CLAIM OF INJURY DUE TO ACCIDENT

1. Attested copy of detailed cash bill
2. Attested copy of discharge summary from the hospital
3. Attested copy of FIR (If reported at Police)
4. Attested copy of College Identity Card of injured
5. Proof of current years' premium remittance by college

Space for University Use:

Inward No. and Date:

Nature of Claim:

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Recommended and forwarded for further necessary action.

PD Hills

Date:

(Office Seal)

Director of Student Services

Mahatma Gandhi University