



IME GENERAL INSURANCE LIMITED.

Naxal, Nayaranchaur, Kathmandu, Nepal
Phone No. 01-4511510, 4511520, 4511735
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PERSONAL ACCIDENT CLAIM FORM

1. Insured's Name :-----
2. Full Address & Cell No. :-----
3. Claimant Name :-----
4. Policy No :----- Period of Policy :-----
5. Date of Accident :-----Time:-----Place of Accident:-----
6. Full Details how accident occurred:-----

7. Name & Address of the witness:-----
8. Name of attending Doctor/Surgeon:-----
9. Period of Hospitalities/Bed rest : From:-----To:-----
10. Please specify monthly salary of the injured person:-----
11. Do you wish to add any additional information?

Amount in Words: _____

I declare that I have/my dependent has suffered the above described injuries/illness and that to the best of my knowledge And belief the forgoing particulars are in every respect true. I also declare that there is no other insurance or other source to recover the item claimed.

Official Seal:



Claimant's Signature: _____

Name: _____

Verified by

Name:
Designation:
Date:

MEDICAL REPORT
(To be completed by the attending doctor)

1. Name of the injured person :-----
Age:-----Sex:-----
2. Date of Accident :-----
3. Cause of accident :-----
4. Nature & extent of injuries :-----

5. Date of your first attendance :-----
6. Details in case of permanent disability :-----

7. Further remarks, if any :-----

Amount in Words:

I declare that I have/my dependent has suffered the above described injuries/illness and that to the best of my knowledge

And belief the forgoing particulars are in every respect true. I also declare that there is no other insurance or other source to recover the item claimed.

Official Seal:



Claimant's Signature: _____

Name: _____

Verified by

Name:
Designation:
Date: