

APPLICATION FORM FOR INSURANCE CLAIM

ANNEXURE II

Kerala School Children Personal Accident Insurance Scheme

(For students of Government and Government Aided Schools)

CLAIM FORM

The issue of this form does not constitute admission of liability. Please return this, duly completed, together with the relevant certificates as mentioned in the attached checklist to the nearest Divisional Office of the nominated Insurance Company Limited.

Divisional Office Claim No
..... Policy No

Details of Claimant

SECTION IA

1. Name of injured/deceased :
2. Age of student and class in which the student is studying :
3. Name and address of school :
4. Name of claimant (parent/guardian) :
5. Address of parent/guardian :
6. Relationship with the student in case of guardian :
7. Was the injured child suffering from any physical disability before accident, and if so give details :

Details of Accident

SECTION B

8. Date and time of accident :
9. Name and address of 2 witnesses, if any : (1)
(2)

10. Where did the accident occur :

11. Details of how the accident occurred :

Details of Injury

SECTION C

12. Description of injury/disability :

13. In case of death, date on which
it occurred :

Details of Hospitalisation

SECTION D

14. Name of the hospital where treated :

15. Date on which admitted and discharged :

16. Name of attending doctor :

17. Hospitalisation expenses incurred
(Please submit all the hospital bills to
support the claim) :

18. State whether the injured has
commenced normal duties including
attending school :

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

Signature of Parent/Guardian

Place:

Date :

Signature of Headmaster/Headmistress.

SECTION II

Attestation

(Attestation by Headmaster/Headmistress of the concerned school to be filled in by the Headmaster/Headmistress).

I declare that the injured/deceased child is/was a student of this school (Registration No.....) and that the claimant is the guardian/parent of the child and the facts of the case stated in this claim form are true to the best of my knowledge and belief.

Signature:

Name of Headmaster/

Headmistress Name of the School

Place :

Date :

(Office Seal)

SECTION III

Attestation by Assistant Educational officer, District Educational Officer.

1. All the above facts stated in this claim form have been varified by me and found true and I hereby declare and warrant the truth of the foregoing particulars in every respect.

2. I also declare that the claim cheque may be directly send to the beneficiary and the discharge from the beneficiary and Headmaster/Headmistress of the school will be full and final settlement of the claim for the insured viz. the Government of Kerala.

Signature

A.E.O./D.E.O

District

Kerala.

Place :

Date :

(Office Seal)

SECTION IV

Doctor's Certificate

(To be filled in by the attending doctor not less than the rank of an Assistant Surgeon, in case of permanent disability).

- 1. Name and address of hospital ..
- 2. Date of admission ..
- 3. Date of discharge ..
- 4. (a) Nature of injury ..
(b) Particulars of injury ..
- 5. Details of death/permanent disability ..
- 6. Extent of disability ..

Please mention the extent of disability after referring the following chart

- (a) Death
- (b) Loss of sight of two eyes or two limbs ..
- (c) Loss of one eye and one limb ..
- (d) Permanent total disablement from engaging in being occupied with, or giving attention to normal duties of any description } .. Permanent total disablement
- (e) Loss of one eye or limb ..
- (f) Permanent partial disability as below: ..
 - 1. (a) Loss of all toes ..
 - (b) Loss of great toes .. Both phalanges
 - (c) Loss of great toes .. One phalanx
 - (d) Other than great toes if lost, mention the no. of toes lost ..
 - 2. Loss of hearing .. Both ears
 - 3. Loss of hearing .. One ear
 - 4. Loss of four fingers and thumbs ..
 - 5. Loss of four fingers ..
 - 6. Loss of thumb .. Both phalanges, One phalanx
 - 7. Loss of Index finger .. 3 phalanges
2 phalanges
1 phalanx

- | | |
|---------------------------|--|
| 8. Loss of middle finger | .. 3 phalanges
2 phalanges
1 phalanx |
| 9. Loss of ring finger | .. 3 phalanges
2 phalanges
1 phalan |
| 10. Loss of little finger | .. 3 phalanges
2 phalanges
1 phalanx |
| 11. Loss of metacarpals | .. First or Second (additional) Third,
Fourth or Fifth (additional) |

I, (Name) DrDesignation
 have today examined (Name of the insured
 child) and certify he/she has died/permanently
 disabled to the extent mentioned above/ injured and hospitalised solely and directly out of the acci-
 dent mentioned by the claimant (please delete what is not applicable.).

Signature
 Name
 Designation
 Reg. No.

Place :

Date :

(Hospital Seal)

SECTION V

Check list

This claim form should be accompanied by :

1. Police report, if any (compulsory in case of motor accident).
2. Supporting hospital bills and certificates for hospitalisation claim.
3. Death certificate from the Panchayat or Municipality as the case may be, in the event of death.
4. Post-mortem report, if any, in case of death.
5. X-rays or any other supporting evidence in the event of permanent disablement.
6. Attested copy of Inquest Report in case of death.
7. Copy of Admit and Discharge Certificate.