



# Application Form for claiming Medical and Hospital Charges

## Agrahara Insurance Scheme – Accidents

### National Insurance Trust Fund



Form No. - 07 (E)

(Please read instruction sheet attached to this application before filling it. It is mandatory to provide all the required information in the application)

Notification No. :- .....  
Date :- .....  
Claim No : NITF/A

#### 01. Details of the Insured

1.1 Name in Full : Rev./ Mr./ Mrs./ Miss. :-

.....  
.....

Name with Initials : Rev./ Mr./ Mrs./ Miss. :-

.....  
.....

1.2 National Identity Card Number :- 

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(A certified copy of the National Identity Card should be attached)

1.3 Private Address :-

.....  
.....

1.4 Date of Birth :- .....

1.5 Telephone Number : Fixed :- ..... Official :- .....

1.6 Email Address :- .....

#### 02. Details of the Institute (Should be completed compulsory)

2.1 Name of the Institute :- .....

2.2 Address :- .....

2.3 Designation :- .....

2.4 Telephone Number of the Institute :- .....

#### 03. Details of the Accidents

3.1 Date of accident occurred :- .....

3.2 Place :- ..... Time :- .....

3.3 Briefly describe how the accident happened :-  
.....  
.....

3.4 The police station where the accident was reported :- .....

#### 04. If hospitalized due to the accident, details about it

4.1 Hospital where treated :- .....

4.2 Period of hospital stay :- .....

4.3 Period of leave recommended by the doctor :- .....

4.4 Damages you suffered as a result of the accident :- .....



# Medical Certificate

**In respect of the Accident pertaining to .....**  
**I hereby certify that I have examined the above named who was injured in the Accident described overleaf and that the injuries were as follows.**

1. Regions Injured ?  
.....  
.....  
(If limb state whether right or left)
2. Nature and extent of injuries ?  
.....  
.....
3. (a) State as fully as possible the cause of the accident ?  
.....  
.....  
(b) Is the appearance of the injury consistent there with  
.....  
.....
4. Is there any connection between the present disablement and any disease or previous disability, If so what ?  
.....
5. Is surgical interference necessary or likely to become so ?  
.....  
.....
6. (a) Is the patient now or was he at the time of the accident, subject to or suffering from any illness or disease irrespective of the injury?  
.....  
(b) If so state the nature there of ?  
.....  
(c) The probable duration thereof and the extent to which it has affected the patient's recovery ?  
.....  
.....
7. Will the injury in your opinion, result in permanent disablement ?  
.....  
.....
8. (a) Are the injuries such that will totally disable the patient from engaging in or giving attention to his/her profession or occupation ?  
.....  
(b) Are the injuries such that will partially disable the patient from engaging in or giving attention to his/her profession or occupation ?  
.....
9. upon what date did you first see and examine the insured after the accident described herein ?  
.....  
.....

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## **N: B:- Temporary Total Disablement (Medical Leave)**

(Arises when the claimant is rendered completely incapable of attending to any part of his ordinary profession, business or occupation) I further certify that he/she has been totally disabled by the above injuries received due to the accident from the ..... day of ..... to the ..... day of ..... and that he/she is likely to be disabled for .....

### **Temporary partial disablement (Light Duty)**

9.1 I further certify that he/she is partially disabled by the above injuries received due to the accident from the ..... day of ..... and is unable to perform his/her normal duties as specified in the form perfected by the employer and submitted by the claimant and that he/she is likely to be so disabled for ..... from .....

**Signed** :- .....

**Designation** :- .....

**Address** :- .....

.....

## **Instructions to fill the Application**

1. The insured is only covered by the Accident Insurance Cover.
2. The claim application should be received to the National Insurance Trust Fund within 90 days after discharging from the hospital.
3. It is essential to mention the National Identity Card Number clearly and correctly in every correspondence you send to us.
4. Copies of documents should be certified by the Head of the institution whenever they are submitted.
5. The medical certificates attached to the application should be filled by the doctor who treated you.
6. The following documents should be submitted along with the duly filled application.
  - 6.1 Salary details of three months prior to the accident certified by the Accountant.
  - 6.2 Accountant's certificate to the effect that the insurance premiums have been paid continuously from one year prior to the accident till the date of the accident. (along with the cheque details for computer verification)
  - 6.3 Medical certificates approving leave.
  - 6.4 Report of Medical Board (in case obtained leave more than three months)
  - 6.5 Other medical and police reports that can prove the accident
  - 6.6 Photocopy of driving license certified by the Head of Institution. (If the driver is the insured in a vehicle accident)
  - 6.7 Letter from the Head of the institute stating the date of reporting to work after the accident.
  - 6.8 Copies of the diagnosis cards related to the period of hospitalization certified by the Head of the institute should be forwarded
  - 6.9 Mention the National Identity Card number while perfecting the deficiencies of the claim applications after handing over it.
7. If unable to report to work after the accident, the application should be forwarded within 90 days from the date of issuance of the report of the medical board.