

	affected	
8.	Was the injured person under the influence of alcohol or drugs at the time of accident? If yes, give details.	

THE CLAIM

1.	Does your claim include reimbursement for medical costs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Claim Amount		
2.	Does your claim include reimbursement for loss of income (sick leave)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Claim Amount		

Is this claim has been reported to GOSI (excess of GOSI)
GOSI this claim yes no
If yes please provide details

If No please provide details of rejecting this claim by GOSI and Letter from GOSI for of this claim

I declare that to the best of my knowledge and belief these particulars are full and true. I agree to provide any further information that may be required.

Place:

Date:

Signature of Policyholder
(Stamp/ Seal of the Company)

Documents to be submitted along with the claim form:

1. Copy of Employment Contract
2. Copy of latest Salary Certificate (for the month before the loss)
3. Original Medical Certificates from the attending doctor
4. Original Sick leave certificates from the attending doctor where applicable
5. Original Medical Invoices and Prescriptions where applicable
6. Copy of a valid ID

Additional documents in case of a death case:

7. A detailed incident report from the direct manager/ supervisor
8. Copy of Police report (where applicable)
9. A Certified Copy of the final death certificate, along with the original to be certified and return.
10. Autopsy Report.