



राष्ट्रीय प्रौद्योगिकी संस्थान रायपुर
NATIONAL INSTITUTE OF TECHNOLOGY RAIPUR
(Institute of National Importance)
G.E.Road, Raipur, C.G.- 492010, India.

Phone: +91771-2252700
Fax No.: +917712254600
Email: registrar@nitrr.ac.in
Website: www.nitrr.ac.in

APPLICATION FOR STUDENT INSURANCE CLAIM
(to be filled in **BLOCK** letters)

NAME	
ROLL NO.	
DEGREE	
BRANCH	
SEMESTER	
MOBILE NO.	
EMAIL ID	
NATURE OF ILLNESS (Explain in brief)	

Documents Checklist (please tick)

Tick	Documents
	Copy of Bank Passbook
	Filled & signed Insurance Claim Form (click on the link)
	All original medical reports, bills, discharge papers, etc.

Student's Signature
with Date

HOD's Signature
(Forwarded to Student Section)

Please submit this application along with all the requisite documents to the Student Section.

// FOR OFFICE USE //

Checked by Student Section

Assistant Registrar
Student Section

Joint Registrar
NIT Raipur

UNITED INDIA INSURANCE COMPANY LTD
Regd. & Head Office: 24, WHITES ROAD, CHENNAI-600 014)
BRANCH / DIVISIONAL OFFICE.....
UNI-STUDY CARE GROUP INSURANCE CLAIM FORM

The issue of this form does not constitute admission of liability.
 Please return this form duly completed together with relevant reports / Bills /
 Certificates etc.,

Policy No:
 Claim No:

1.	(a) Name of the College / Institution (b) Address c) Name of the claimant d) Address	(a) (b)
2.	Particular of injured person : (a) Name in full (b) Last full postal address (c) Last occupation (d) Age at the time of accident	(a) (b) (c) (d)
3	Details of accident: a) When did the accident happen(Give date and exact time) b) Where did the accident happen c) Give full description of the accident, its cause and injuries sustained d) State date, time and place of death e) Give names and addresses of two persons who witnessed the accident. f) Was the injured person free from infirmity at the time of accident? If not give particulars. g) Was the injured person under the influence of drugs or drink at the time of accident ? h) Name and address of the hospital where the injured person was treated after the accident.	

4	<p>Hospitalisation details:</p> <p>a) Name of the student (in respect of whom claim is made)</p> <p>b) Present completed age</p> <p>c) Nature of Disease / Illness contracted or injury sustained</p> <p>d) Date of injury sustained or disease/ illness first detected</p> <p>e) Name and address of the Hospital / Nursing Home</p> <p>f) Date of Admission</p> <p>g) Date of Discharge</p> <p>h) Details of expenses</p> <p>(supporting Bills / Receipts / Cash Memos along with discharge summary are to be enclosed to this claim form)</p>	<p>a)</p> <p>b)</p> <p>c)</p> <p>d)</p> <p>e)</p> <p>f)</p> <p>g)</p> <p>h)</p> <p>i)</p>
5	<p>a) a) Give details of baggage lost with cause and value (attach separate list if necessary)</p> <p>b) b) Where and how was the baggage lost? Give full details.</p> <p>c) When and to which police station was it reported (please attach copy of FIR)</p>	<p>(a)</p> <p>(b)</p>
6	Has the Insured sustained similar loss/es prior to this loss? If yes, give details of insurer and claim amount.	
7	Amount of loss Claimed	Rs

I/ we declare that the above information furnished are correct in all aspects.

Date:

Place:

Signature of student / claimant

Signature of principal / head of institution

CLASS OF BUSINESS:
CL FOR THE PERIOD:

[illegible]

Name & Signature of the Insured/Claimaint
Mbile No.