



STATE LIFE

INSURANCE CORPORATION OF PAKISTAN
Registered & Supervised by the Securities
& Exchange Commission of Pakistan
KARACHI SOUTHERN ZONE

State Life Building No. 2 Wallace Road, Karachi.

PERSONAL ACCIDENT & INJURIES CLAIM FORM "A"

This form is forwarded on receipt of notice of an accident, and its issue to the policy-holder is in no way an admission of a claim if the claim be from any cause already void. The Claim will be considered subject to the Terms and Condition of Supplementary Contract.

(CLAIMANT'S STATEMENT)

1. Name (in full) _____
2. PrpfeSSION, Business or Occupation _____
(if more than one, state all)
3. If an Employee, give Name, Address and Business of Employer _____
4. Policy-holder's Residence _____
5. Nearest Policy Station there to _____
6. Policy-holder's Business Address _____
7. Nearest Police Station there to _____
8. Life Policy Number _____ Supplementary Contract Number _____
9. Policy-holder's Age _____ Years _____
10. Policy holder's bank account number & address _____
11. Date of Payment of last permium paid _____

THE ACCIDENT

12. When did it occur ? On the _____ day of _____ 20 _____
at _____ A.M./P.M.
13. Where did it occur? _____
14. State, how the Accident was caused, and what you were doing at that time _____

(A full account must be given so that the Directors may understand cleary how the Accident occurred).

15. State as precisely as you can, what injuries you have sustained? _____

(If it is an eye, hand or arm, foot or leg please state whether it is Right or Left)

