

GROUP PERSONAL ACCIDENT ( GPA ) CLAIM INTIMATION FORMAT	
<b>Insured Name</b>	KHWAJA MOINUDDIN CHISHTI LANGUAGE UNIVERSITY, LUCKNOW, UP
<b>Insurer Name</b>	THE ORIENTAL INSURANCE COMPANY LIMITED
<b>Policy No</b>	222200/48/2023/2159
<b>Claim for – Death / Injury</b>	-----
<b>Name of student</b>	
<b>Serial No.as per attached Policy ANNEXURE-I</b>	S.No.of the policy Annexure-I
	Name of Student
	Roll No./Enroll No.
<b>Date &amp; Time of Accident –</b>	00-0023 at 00.00 AM/PM
<b>Place of Incident –</b>	-----
<b>Brief Description of incident -</b>	
<b>Student/ attendant /contact Person Name and Phone No &amp; Email Id –</b>	
<b>Date of Intimation to Insurance Company</b>	
<b>Details of expenses</b>	