

HAL Personal Accident Insurance Scheme

Intimation regarding Accident.

Division/ Office:

Sl. No.	Item	Particulars
1	Name of the Employee	
2	EID Number	
3	Designation	
4	Department	
5	Details of the Accident a) Date: b) Place: c) Time: d) Brief description:	
6	Particulars of injury etc.	

Place:

Signature:

Date:

Name of the employee:

CERTIFICATION BY THE HR DEPARTMENT

It is certified that the employee is a member of the HAL Personal Accident Insurance Scheme and the particulars furnished by him at Sl. Nos. 1 to 4 are correct.

Place:

Signature:

Date:

Name:

Designation:

Seal:

Forwarded to:-

The New India Assurance Company Ltd.
Divisional Office 670500
No.9, Infantry Road, Bangalore 560 001.
Fax No: 080-22866343

E-mail: mary.abraham@newindia.co.in
srilekha.gopal@newindia.co.in