L&T Insurance

Workmen's Compensation Insurance

Claim Form

Toll - free Number **1800-209-5846 (1800-209-LTIN)** | Website **www.ltinsurance.com** | SMS **'LTI' to 5607058 (56070LT)**

GUIDELINES TO FILL THE FORM

1. Please fill the form in BLOCK LETTERS. Please answer all questions fully and correctly.
2. Please leave one box blank between two words while writing the ADDRESS.
3. Kindly leave the Company's Office or Intermediary for any doubts or clarifications on the claim form.

PLEASE USE ONLY ORIGINAL CLAIM FORM. PHOTO COPIES WILL NOT BE ACCEPTED BY THE COMPANY.

FOR OFFICE USE ONLY

Intermediary Name:

Intermediary Code:

(THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY)

As soon as Loss or Damage has become known, the Company must be notified without delay. If any detail or information is not readily available, please do not delay dispatch of this form and such particulars may be sent later.

Claim No: Policy No/Cover Note No:

Period of Insurance: D D M M Y Y Y Y To D D M M Y Y Y Y

Certificate No:

Customer ID:

POLICY HOLDER INFORMATION (Please enter details of the Insured)

Title* (Pls. Tick): ☐ Ms. ☐ Mrs. ☐ Mr.

Name*: F I R S T M I D D L E L A S T

Correspondence Address:

Block/Flat No.*: Floor No.: Building Name*:

Street Name*: Locality:

Landmark*:

City/Village*: Pincode*:

Post Office:

Mobile No.*: Landline*: S T D

Fax No.:

Email ID 1:

Email ID 2:

BANK DETAILS (Required for Electronic Fund Transfer)

Name of the Account Holder:

(as appearing in the Bank Account)

Bank Name:

Branch:

Location:

Account No:

Account Type:

MICR Code:

IFSC Code:

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