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CLAIM NO._____

PERSONAL ACCIDENT CLAIM FORM

This form should be completed and returned within seven days.

It is necessary that the questions overleaf be answered by medical practitioner.

The corporation does not admit liability by the issue of this form.

Name in full_____Age_____Years

Private

Address_____

Tel. No: _____Business Address_____

_____Tel. No_____

Profession or Occupation_____

Policy No_____Date of payment last premium_____

1. State when and where the Accident took place. It occurred at_____am / pm on_____20_____at_____
2. State how it happened and what you were doing at that time : The fullest particulars should be given

   _____

   _____

   _____

   _____
3. State, as precisely as you can, what injuries you have sustained_____

   _____

4. Give name and address of Doctor attending to you for the said injuries_____

   _____

   Is he your usual Medical Attendant?_____

   Has any other medical personnel been consulted?_____

5. Have you been totally unable to attend to your business or occupation? _____

   If so, state period during which you were totally disabled: From _____

   to_____

6. Are you still totally unable to attend to your business or occupation?_____

   If not, on what date were you able to attend to (a.) A portion of your occupation?_____

   (b.) The whole of your usual occupation_____

7. When and where can you be visited by Medical or other officer of our organization?

   _____

   _____

8. Are you entitled to claim under any other insurance?_____

   If so, give particulars_____

9. Have you ever claimed compensation from any Accident company? _____

   If so, state name of company, amount and state date received_____

   _____

DECLARATION

I do hereby solemnly and sincerely declare that the forgoing statements and particulars are true, and that I will not from following my usual occupation, either totally or partially, for a long period that necessary.

Date_____ Signature of Claimant_____

MEDICAL CERTIFICATE

The claimant must obtain, at his own expense; the following certificate from a duly qualified and registered Medical Practitioner.

1. Name of patient in full_____
2. When did you first attend upon the claimant in consequence of the injuries sustained? _____

   _____
3. Are you still in attendance? _____
4. Are you his usual Medical Consultant? _____
5. What was the cause of the accident, so far as known to you?_____

   _____
6. What injuries were sustained?_____

(a) Regions injured:_____

(b) Nature and extend of injuries_____

(c) Are the symptoms which he suffers due to (i.)the accident alone_____
Or (ii.) are they traceable to any other cause? _____

7. Is he now, or was he at the time of the Accident, subject to or suffering from any illness or disease irrespective of his injuries?_____ If so, state the nature of same, and to what extent his recovery may be affected thereby_____

   _____

   _____
8. Are you aware of anything in his previous medical history which might have contributed, directly or indirectly to the occurrence of the Accident, or what may be likely to retard in any way his recovery from it_____

   _____
9. Is he now, or has he been at any time since the date of the accident totally disabled from attending to his business or occupation?
   If so, give the dates: From_____to_____
10. If he has been able to attend to a portion only of his usual business or occupation, please state since when, and also the probable date of recovery_____
11. If the claimant has recovery_____
12. General remark_____

_____

13. Assessment of permanent Disability is_____%_____

Signature_____Qualification_____

Address_____

* **TEMPORARY TOTAL DISABLEMENT** occurs when through accidental bodily injury the claimants is directly and wholly incapacitated from engaging in, or give attention to his usual business or occupation.

***TEMPORARY PARTIAL DISABLEMENT** arises when the injury received does not wholly prevent the Assured from attending to business, or when Totally Disablement ceases and he can attends to some portion of his usual business or occupation but not the whole