Professional Insurance

PERSONAL ACCIDENT CLAIM FORM

This form should be completed and returned within seven days of its receipt by the insured

PARTICULARS OF CLAIM

Name of Insured in full ……

Private Address ……..

Business Address……

Profession or Occupation ……Present age ……..Years

Policy No ……Date of payment of last premium…….

1. State when and where the Accident took place

   Date ……..

   Time ……..

   Place ……

2. State how it happened and what you were doing at the time ……
   (It is necessary that the fullest details be given)
   ……..

   ……..

3. State (a) What injuries you have sustained ……

   ……..

   (b) Whether you have ever had an injury to the same part before
   ……..

   ……..

4. Are you insured elsewhere against Accidents? ……

   If so, give particulars ……

   ……..

5. Give the names and addresses of any Witnesses of the Accident ……

   ……..

   ……..

   ……..

6. Give the Name and Address of the Medical Man who attended to

   You on your meeting with the Accident …….

   Is he your usual Medical Attendant? …….

   Has he, or any other Medical Man, attended to you during the last five years for any illness or injury? ……..

7. Have you, as the direct result of the Accident been totally incapacitated from attending to business of any kind? If so, state for how long

   From …….. To ……

8. Are you still totally incapable of attending to business of any kind? ……

   ……..

9. State if (a) Confined to bed:

   From ……. To …….

   (b) Confined to house

   From ……. To …….

   (c) Able to get out of doors

   From ……. To …….

10 If now able to attend to any portion whatever of your business or occupation, state when you commenced to do so ……..

11. Have you fully resumed your usual business or occupation?

If so, since when ……

12. When and where can you be visited by our Medical or other Officers?

……..

13. If you are prepared to agree to an immediate settlement please state the amount you are willing to accept ……

I HEREBY WARRANT the truth of the foregoing statements

Full name ……..

Signature ……..

Date ……

No claim can be entertained without the certification of a duly qualified and registered medical practitioner.