



PERSONAL ACCIDENT CLAIM FORM

INSURER			
CLAIM NO.			
POLICY NUMBER			
INSURED	Claimant's Full Name		
	Telephone Number		
	Postal Address		
	Email Address		
ACCIDENT	Date of Accident		
	Place where accident occurred		
	State exactly how the accident occurred		
	Nature of Injury		
Payment in favour of			
	Name of Bank	Branch & Code	
	Name of Account Holder	Account Number	
DECLARATION	I CERTIFY THAT THIS CLAIM IS RELATED SOLELY TO THE INJURY DESCRIBED HEREIN.		
	DATE SIGNED: _____	SIGNATURE OF INSURED: _____	
ATTACHMENTS	Documents to be attached: Medical Reports & Supporting Documents i.e. Payslip etc.		