

Claim No.....

*This part to be completed by the Insure and forwarded to his (or her) Medical Attendant. POLICY No.*

1. Full name ..... Age.....6 (Please use block letters)	
2. Address.....	
3. Occupation (if more than one, state all) .....	
4. State when accident happened.....	Date.....20.....Time.....a.m./p.m.
5. State where accident happened.....	.....
6. Give full particulars of how accident happened ..... (continue on separate sheet paper if necessary).....	.....
7. State precisely what injuries have been sustained .....	.....
7. Give names and address of any witnesses.. .....	.....
9. State whether you are perfectly sober when the accident happened .....	.....
10. Did you receive any first aid attention .....	.....
10. if so by whom was it provided? .....	.....
11. State particulars of disablement to the present date:- (Please give exact dates)	From To
(a) Confined to house by doctor's orders .....	(a).....20.....20.....
(b) Otherwise totally disabled although able to go out of doors .....	(b).....20.....20.....
12. Have you received any hospital treatment in connection with this accident? .....	(a).....
if so, state:-	(a).....
(a) Name of hospital and address .....	From To
(b) Period you were an "In-Patient" .....	b).....20.....20.....
(c) Period you were an "Out-Patient" .....	(c).....20.....20.....
(d) Whether you are still receiving hospital treatment .....	(d).....20.....20.....
13. (a) Are you now able to engage in any part or the whole of Your usual occupation .....	(a).....
if so,	b).....20.....20.....
(b) State the date you were able to undertake part of it or	(c).....20.....20.....
(c) The date you were able to undertake the whole of it	(c).....20.....20.....
14. State (a) the name of your present doctor .....	a).....20.....20.....
(b) the date when he first attended you .....	(b).....20.....20.....
(c) if any other doctor has attended you for serious sickness or injury .....	(c).....20.....20.....
15. a) Are you entitled to claim compensation for the present accident from any other Company, Society or Club?	.....
(b) if so state particulars .....	.....
Do you wish to effect a settlement of the claim before recovery at a sum to be agreed upon? if so, do you submit any proposition for consideration? .....	.....

I WARRANT the truth of the foregoing particulars in every respect and declares that:-

- I have received the injuries above described by violent accidental external and visible means and claim compensation under the above Policy in respect thereof.
- The conditions of my Insurance have been fully complied with.
- I am willing, if required, to make a Statutory Declaration before a Justice of the Peace of the truth of the whole of the foregoing statement and of such other particulars as may be reasonably requested.

Signature of Claimant .....

Date.....20.....

No claim will be admitted unless the Medical Certificate on the back hereof be furnished.



# CERTIFICATE OF CLAIMANT'S MEDICAL ATTENDANT

*(To be furnished at the Insured's expenses)*

**PLEASE STATE:-**

1. (a) Name of Claimant.....(b) Age .....Years  
 Name of injuries sustained:-

2. (a) Regions injured ..... (a).....  
 (if a hand, arm, foot or leg, state whether it is the right or the left) .....  
 (b) Nature and extent of injuries ..... (b).....

3. (a) Whether you are the usual medical attendant of the claimant ..... (a).....  
 (b) If so, how long have you known him (or her)?..... (b).....  
 (c) whether the injuries are the sole result of the present accident alone or traceable to any other cause ..... (c).....  
 (d) Whether you have had to attend him for any other previous serious sickness or injury. if so, give particulars ..... (d).....

4. The date upon which the accident happened .....20.....

5. Whether you have any reason to suspect that the Claimant was not perfectly sober at the time of the accident .....

6. When the Claimant first consulted you in connection with the present accident .....

7. Present condition- (state as clearly as possible)  
 .....  
 .....

8. How long the Claimant has up to the present date been totally disabled as the result of this present accident from following his usual occupation - <i>(Please give exact dates)</i>	From	To
(a) Confined to house .....	(a).....20.....	.....20.....
(b) Otherwise totally disabled although able to go out of doors .....	(b).....20.....	.....20.....

9. Particulars of any hospital treatment received by the claimant in connection with the present accident .....

10 (a) Whether the claimant is now able to engage in any part or the whole of his usual occupation ..... (a).....  
 if so, (b) The date upon which he was able to do part of it or (b).....20.....  
 (c) The date upon which he was able to do the whole of it (c).....20.....

11. If the claimant is still confined to bed or house:\_  
 (b) Probable further duration of confinement to house from the present date ..... (a).....  
 (b) Probable duration thereafter of disablement to change in any part of his usual occupation ..... (b).....

12. (a) Whether the Claimant is suffering from any disease. irrespective of his present accident ..... (a).....  
 (b) If so, what is the nature of such disease and will it relate recovery? ..... (b).....  
 (c) Whether there are many other circumstances which may retard recovery. If so, give particulars ..... (c).....

Date.....20.....

Signature.....

Qualification.....

Address:.....

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