Meanwood General Insurance Ltd

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PERSONAL ACCIDENT CLAIM FORM

(Kindly answer all questions)

INSURED DETAILS

Name			
Address		Tel No:	
Policy No:		Fax No:	

DETAILS OF INJURED

Name			
Address		Tel No:	
Occupation		**Age**	

PARTICULARS OF ACCIDENT

1. How did the accident happen?	
2. When and where did the accident occur?	a) Date …… b) Time …… b) Place ……
3. Who witnessed the accident?	a) Name …… b) Contact details……
4. Nature of injuries	
5. Have you been totally and completely disabled from your usual occupation as a result of the accident?	
6. Are you totally disabled? (if yes)	a) Commencement date …… b) Confinement to the house date ……
7. Are you at the present time	a) Totally disabled …… b) Confined to the house ……
8. Are you still going for medical checkup in connection to the injury? (if yes)	a) Last date you went for a checkup …… b) Next checkup date …… c) Who is your usual medical attendant?…… …… d) Consultants views in respect of your present injury ……

9. Give name and address of the doctor who attended to you immediately after the accident?	
10. a) When do you anticipate being able to leave the house? b) When did you resume atleast part of your usual duties?	

DECLARATION

I/ we hereby declare that the foregoing particulars are true to the best of My/Our knowledge

Signature of Insured…… Date……..

Give status of signatory if limited company ……

KINDLY HAVE THE MEDICAL CERTIFICATE COMPLETED BY A QUALIFIED MEDICAL PRACTITIONER AND SUBMITTED