CO-OPERATIVES GENERAL INSURANCE LTD.

PERSONAL ACCIDENT CLAIM FORM

Claim No: ______ **Policy No:** ______

Employer's Name: ______

Postal Address: ______ Code: ______ Town: ______

Name: ______

Postal Address: ______ Code: ______ Town: ______

Age: ______ Years Tel No: ______ Mobile: ______

Occupation: ______

Date of Payment of Last Premium: ______

Date of Accident: ______ Time: ______ AM: ☐ PM: ☐

Place: ______

1. How did the Accident happen? ______

What were you doing at the time? ______

2. What injuries have you sustained? ______

3. Has the same part been injured previously? Yes: ☐ No: ☐

4. How long have you been totally or partially disabled from engaging in or attending to your usual business as the result of the injuries?

Totally From: ______ To: ______

Partially From: ______ To: ______

5. How long have you been confined to: Bed? ☐ House: ☐

From: ______ To: ______

From: ______ To: ______

6. Name and address of Doctors who is attending you: ______

Is he your usual Doctor? Yes: ☐ No: ☐

7. Have you required medical or surgical treatment during the past five years? Yes: ☐ No: ☐

If so, give details

______

______

8. Name and address of any witness of the Accident: ______

9. Are you claiming under any other insurance? Yes: ☐ No: ☐

if so, give details

______

I WARRANT that the statements and particulars overleaf are correct and complete

Date: ______ Signature: ______

This from should be completed and returned within seven days

It is necessary that the questions here be answered by a registered medical practitioner.

Medical Certificate

Name of Patient:

What injuries has the patient sustained?

When were you first consulted?

How long has the patient been totally or partially disabled from engaging in or attending to usual business as the result of solely of the injuries?

Totally From: To:

Partially From: To:

How much longer do you consider such disablement will continue?

Totally From: To:

Partially From: To:

Does the patient have any disease or any physical defect and if so, of what nature?

To what extent may recovery be affected thereby?

Signature: Date:

Qualifications:

Postal Address: Code: Town: