

**PERSONAL ACCIDENT CLAIM FORM**

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