

ACCIDENT CLAIM FORM

* Please note that every question on this claim form must be answered and it is compulsory that the insured sign the form accordingly														
(1) Name of Insuredõ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ														
Name of the Claimantõ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ														
Age of Claimants next birthdayő ő ő ő ő ő ő ő ő ő ő ő ő ő ő ő ő ő ő														
$Address. \tilde{o} \ $														
Business/Occupationõõõõõõõõõõõõõõõõõõõõõõõõõõõõõõõõõõõõ														
Policy rNoõ s $\tilde{0}$ õ õ õ õ õ õ õ õ õ õ o õ o o o o o o o														
(2) CIRCUMSTANCES														
(a) When did the accident occur?														
Dateõ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ														
(b) Where? $\tilde{0}$ 0														
(c) What was the Insured doing at the time? $\tilde{0}$														
(d) Full description of the accidentõ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ														
$\tilde{0}\ \tilde{0}\ \tilde{0}$														
$\tilde{0}\ \tilde{0}\ \tilde{0}$														
(e) Was the insured perfectly sober at the time of accident?														
(f) Nature and extent of injuries-If to eye, arm or leg state whether right or left?														
$\tilde{0}\ \tilde{0}\ \tilde{0}$														
(g) Is insured right or left-handed? õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ														
(3) INFORMATION RELATING TO MEDICAL ATTENDANCE														
(a)Name and address of doctor who first attended the insured after the accident $\tilde{\text{o}}\tilde{\text{o}}\tilde{\text{o}}$														
$\tilde{0} \ \tilde{0} \ $														
(a) Name and address of usual Medical Attendantõ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ														

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(4) WITNESSES

I declare the foregoing particulars to be true in every respect, and I hereby leave in the hands of the Company in accordance with the conditions of the Policy the conduct of all claims and litigation arising out of this accident and to which the Policy applies, to deal with, to prosecute and/or settle as they think fit without further reference to me, and I undertake to give all such information and assistance as the company may require.

THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM