Camberford LAW PLC

INNOVATIVE INSURANCE

PERSONAL ACCIDENT

CLAIM FORM

PERSONAL ACCIDENT CLAIM FORM

1. **Particulars of Insured:-**

(a) Name or title

(b) Address

(c) Business or profession

(d) Telephone Number

2. **Particulars of Claimant:-**

(a) Full Name

(b) Employment or occupation

(c) Age

(d) Private Address

3. **Accident:-**

(a) Date Time am/pm

(b) Location

(c) How did it happen?

(d) Was the accident witnessed by anyone else? YES/NO

If YES please supply the full name, address and telephone number of the person(s)

(e) What were you doing at the time?

(f) What injuries have you sustained?

(g) Has the same part been injured before? YES/NO

(h) How long have you been confined to:-

(i) Bed From To

(ii) House From To

(i) How long have you been disabled from engaging in or attending to your usual employment or occupation as a result of the injuries?

Totally from _____ To _____

Partially from _____ To _____

4. General:-

(a) Have you required medical or surgical treatment during the past five years? YES/NO

If YES, give details _____

(b) Name and Address of Doctor who is attending you

_____

(c) Is he your normal Doctor? YES/NO

(d) Are you claiming under any other Insurances? YES/NO

If YES, give details

_____

DECLARATION

I declare that these particulars are true to the best of my knowledge.

Signature _____ Date _____

MEDICAL CERTIFICATE *(These questions should be answered by a registered medical practitioner).*

1. Name of Patient

2. When were you first consulted?

3. Accident:-

   (a) What injuries has the patient sustained?

   (b) How long has the Patient been disabled from engaging in or attending to usual employment or occupation as a result of the injuries?

   Totally from ____ To ____

   Partially from ____ To ____

   (c) How much longer do you consider such disablement will continue?

   Totally from ____ To ____

   Partially from ____ To ____

4. Has the Patient any other disease or any previous physical defect? YES/NO

   If so, of what nature?

   Is the present injury aggravated or caused by this and to what extent may recovery be affected thereby?

Signature ____ Date ____

Qualifications

Address

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