

SAFARIGARD – PERSONAL ACCIDENT/SICKNESS CLAIM FORM

A. Name of Insured _____ Telephone No. _____
 Name of Insured _____
 Person _____ Date of Birth _____
 Address _____
 Trade or occupation (if more than one state all) _____
 VAT Registration No. (if applicable) _____

B. Name and address of doctor in attendance in respect of injury or illness _____
 Name and address of your usual doctor _____
 From what date were you
 (a) totally disabled from attending to your usual business or occupation? _____
 (b) partially disabled from attending to your usual business or occupation? _____
 If still disabled, when do you expect to resume your usual business or occupation? _____
 Is your disablement due solely to the injury or illness? _____
 If not, please give details _____
 Were you suffering from any physical defects or infirmities prior to injury or illness? _____
 Please give details of any benefit to which you may be entitled under any other insurance policy or club scheme, with the name and address of the insurers or club. _____

C. TO BE ANSWERED IN RESPECT OF ACCIDENT
 Date of Accident _____ Time _____ am/pm Place _____
 Description of accident _____
 Names and addresses of witnesses _____
 Nature of injury _____
 Have you suffered a similar injury before? _____ If so, when? _____

D. TO BE ANSWERED IN RESPECT OF SICKNESS
 Nature of Sickness _____
 Date when symptoms were first noticed _____
 Have you suffered a similar sickness before? _____ If so, when? _____

E. I declare that the foregoing particulars are true and complete
 Date _____ Signature of Insured _____

F. Medial certificate
To be completed by a qualified and registered medical practitioner and supplied at the expense of the Insured
 Name of Patient _____
 Nature of injury or sickness _____

Date of first attendance for this injury or sickness _____

If there is any history of a similar previous injury or sickness, please give details _____

How long is disablement likely to continue? _____

Are there any factors which might have contributed to the injury or sickness or which might retard recovery? _____

How long has he/she been

(a) Confined to bed? (a) _____ days from _____ To _____

(b) Confined to the house? (b) _____ days from _____ To _____

(c) Able to get of doors but unable to take part in his business or occupation? (c) _____ days from _____ To _____

General Remarks _____

Date _____ Signature _____

Qualifications _____

Address _____