



FIDELITY SHIELD
INSURANCE COMPANY LIMITED

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PERSONAL ACCIDENT CLAIM FORM

Immediately on the happening of an accident Particulars are to be rendered to the Company as fully and accurately as circumstances permit.

1. Insured Person

- (a) Name in Full ...
(b) Occupation ...
(c) Address ...
(d) Amount of Weekly Income ...

2. Accident.

- (a) Where did the accident happen?
(b) The date and hour of accident
(c) Describe fully how the accident happened?
(d) If road accident has the matter been reported to police and details thereof?

3. Injuries.

Describe fully the nature of injuries sustained

4. Name/Names of Witnesses

5. Were you at the time of the accident under the influence of drinks or drugs?

6. (a) Have you ever sustained injuries in any previous accident?
(b) If so please give details

7. (a) Have you been able to attend to your normal occupation since the accident?
(b) If not how long have you been disabled.

8. (a) Name of the Doctors attending to your injuries
(b) Name of the hospital at which treatment was

- (a).....
(b).....
(c).....
(d).....
(a).....
(b).....(i) Date:-.....
a.m.
(ii) Hour:-.....
p.m.
(c).....
(d).....
.....
.....
.....
(a).....
(b).....
(a).....
(b).....
(a).....
(b).....
(a).....
(b).....

9. Other Insurances.

Were you at the time of accident insured against accidents of this nature by any other Insurance Company?

.....

I hereby warrant that the above statements and particulars are true and correct in every detail.

Date

Signed

NOTE: Doctors Certificate included in this form must be completed.

DOCTOR'S CERTIFICATE

1. Name of patient.....

2. When did he first consult you about this injury

3. State nature of Injury.....

4. What was the cause?.....

5. Is he totally incapacitated from attending to any part of his occupation?.....

(a) Date of commencement.....

(b) Probable duration from date of this certificate.....

(c) If total incapacity has ceased, date of cessation.....

6. Is he only partially incapacitated in the sense that he is unable to attend to a substantial and essential part of his occupation?

(a) Date of commencement

(b) Probable duration from date of this certificate

(c) If partial incapacity has ceased, date of cessation

7. Is he on your advice confined to the house or hospital?.....

8. General remarks.....

Signature.....

Qualifications.....

Address.....

.....

Date.....