

INJURY/ILLNESS CLAIM FORM

BROKER/AGENT _____ POLICY NUMBER _____ VAT REG NUMBER _____

Insured Name and occupation _____
 Address and day phone number _____

Insured Person Name and age _____
 Business or occupation _____
 Address and phone number _____

Relationship to the Insured If employee, give annual earnings defined in the policy _____ R _____
 If other, specify relationship _____

Injury/Illness When and where did accident occur or illness commence?

Date	Time	Place

Give full particulars of the accident and nature of injuries or the name of the illness _____

Witness Name and address _____

Doctor Name and address of doctor who attended to you _____

Name and address of your usual doctor _____

Disablement Period of temporary total disablement From: _____ To: _____

Period of temporary partial disablement From: _____ To: _____

Give date normal occupation resumed Date: _____

Has any permanent disablement resulted? _____
 Give details _____

Other insurances Give name of any other insurer with whom insured person is insured _____

Previous claims Give details of all claims made against insurers or in terms of the WCA by the insured person. Compensation for Occupational Injuries and Diseases Act No.150 of 1993 _____

Declaration/ Authorisation I/We warrant that the answers given are true and correct. All details provided on this form are done so honestly and in good faith. This means that The Hollard Insurance Company Ltd have been made aware of all important information and that any incorrect information may mean that the claim may be rejected and the policy cancelled.

 Insured's Signature Capacity Date

I hereby authorise any hospital, physician, or other person who has attended or examined me to furnish to the company, or it is authorised representative, all information with respect to any illness or injury, medical history, consultation, prescriptions or treatment and copies of all hospital or medical records. A photocopy of this authorisation shall be considered as effective and valid as the original.