亞 洲 保 險 有 限 公 司
ASIA INSURANCE CO., LTD.
A Member of Asia Financial Group

PERSONAL ACCIDENT CLAIM FORM

This form is issued without admission of liability, and must be completed and returned within seven (7) days after its receipt. No claim can be admitted unless the **MEDICAL CERTIFICATE ON NEXT PAGE** be furnished at the expense of the Claimant.

Policy No. _____

Name of insured person _____ Age _____ Weight _____ Height _____

Residential address _____

_____ Tel _____

Business address _____ Tel _____

Present Business or Occupation _____

(If more than one, state all)

1. (a) When did accident occur? State day, date and hour. (b) Where did it occur? (c) Give full particulars of the cause, and the injuries sustained.	(a) (b) (c)
2. Give names and addresses of any Witness of the accident.	
3. (a) Give name and address of the Doctor who attend you. (b) Name and address of your ordinary Medical Attendant.	(a) (b)
4. State where and when a Medical or other Officer of the Company can visit you, if necessary.	
5. (a) State the period during which you have been totally disabled from attending to your business as the sole and direct result of the accident. (b) Are you still totally disabled? If not, from what date were you able to attend to some part of your business?	(a) (b) From to
6. Have you previously claimed or received compensation under an Accident and/or Sickness Policy? If so, please give particulars.	
7. (a) Are you insured elsewhere? (b) If so, give the name of each Company or Insurer, and amount you are entitled to claim.	(a) (b)

I HEREBY DECLARE that I have received the injuries above described, and warrant the truth of the foregoing particulars in every respect, and I agree that if I have made, or if I shall make, any false or untrue statement, suppression or concealment, my right to compensation shall be absolutely forfeited.

Date _____ Signature _____

PRIVATE AND CONFIDENTIAL

MEDICAL CERTIFICATE TO BE COMPLETED BY DOCTOR OF INSURED PERSON.

I CERTIFY that ……...

was injured on……..……

His/Her injuries are ……

If his/her injuries are complicated by any other conditions, give details ……..

……...…

He/She is temporarily ☐ totally disabled preventing him/her from attending to or following his/her usual profession or occupation
☐ partially

until ……...……

Date …….

Signature Chop and) ……
Qualifications)