

THE INSURED

Name of Policy

## Personal Accident Supplementary Claim

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Policy No.		Claim No.	

**NOTE:** TOTAL DISABLEMENT is the total disablement of the Insured Person from carrying out all the normal duties of his or her usual occupation. PARTIAL DISABLEMENT is, in the case of accident, the partial disablement of the Insured Person from carrying out the normal duties of his or her occupation.

Holder										
Name of Insured Person										
Postal Address										
					State			Postcode		
Date of last medica	ıl attendance	/ /								
State how long you have been:		confined to house	from	/	/	to	/	/		
		able to get out	from	/	/	to	/	/		
State how long you have been:		totally disabled	from	/	/	to	/	/		
		partially disabled	from	/	/	to	/	/		
Signature of Policy Holder		X						Date	/	/
Signature of Insured	l Person	X				Date				/
Are you still atte     What are his/he	nding the Insur		ding phys	ician)					Yes	☐ No [
1. Are you still atte	nding the Insur	red Person? otoms?	ding phys	ician)					Yes	□ No □
Are you still atte     What are his/he	nding the Insur or present symp nas he/she bee	red Person? otoms?	ding phys	ician)					Yes	□ No □
Are you still atte     What are his/he     State how long l	nding the Insur or present symp nas he/she bee	red Person? otoms?		ician)					Yes	□ No [
Are you still atte     What are his/he     State how long l     i) totally disab     ii) partially disab	nding the Insurer present symponas he/she been led from abled from erson is still toto	red Person?  otoms?  en:  / /  / ally disabled, please s	to /	/	f his/hei	r being a	ble to		Yes /	No No
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