



Personal Accident Supplementary Claim

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.

THE INSURED

Name of Policy Holder	<input type="text"/>		
Name of Insured Person	<input type="text"/>		
Postal Address	<input type="text"/>		<input type="text"/>
	State		Postcode
Date of last medical attendance	<input type="text"/> / <input type="text"/> / <input type="text"/>		
State how long you have been:	confined to house	from <input type="text"/> / <input type="text"/> / <input type="text"/>	to <input type="text"/> / <input type="text"/> / <input type="text"/>
	able to get out	from <input type="text"/> / <input type="text"/> / <input type="text"/>	to <input type="text"/> / <input type="text"/> / <input type="text"/>
State how long you have been:	totally disabled	from <input type="text"/> / <input type="text"/> / <input type="text"/>	to <input type="text"/> / <input type="text"/> / <input type="text"/>
	partially disabled	from <input type="text"/> / <input type="text"/> / <input type="text"/>	to <input type="text"/> / <input type="text"/> / <input type="text"/>
Signature of Policy Holder	<input type="text"/> X	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Signature of Insured Person	<input type="text"/> X	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>

MEDICAL CERTIFICATE (To be completed by attending physician)

- Are you still attending the Insured Person? Yes No
- What are his/her present symptoms?
- State how long has he/she been:
 - totally disabled from / / to / /
 - partially disabled from / / to / /
- If the Insured Person is still totally disabled, please state probable date of his/her being able to resume a portion of his/her usual duties. / /
- How much longer is it probable the Insured Person's state of disability will continue? days/weeks/years
- General Remarks

I certify that to the best of my knowledge the foregoing statements are correct:

Name

Address Postcode

Signature Date