eTiQa Insurance

PERSONAL ACCIDENT CLAIM FORM

Special Notice - The Policy is rendered void if any claim be in any respect fraudulent, or if any fraudulent means or devices are used to obtain any benefit under it. It is therefore important that facts must be clearly stated. The acceptance of this form is not in itself an admission of liability on the part of the Company.

Claim No.: .... **Policy No.:** .... **Date of Expiry:** ....

THE INSURED

Name of Insured : ....

Private Address : .... Tel No. ....

Business Address : .... Tel No. ....

Occupation / Business : .... Present Age: .... years

INJURY

State when and where the Accident occurred:

Date .... Time .... Place ....

State full circumstances of the Accident: ....

....

....

State: (a) What injuries you have sustained.

....

(b) Whether you have ever had an injury to the same part before.

....

Are you claiming, or entitled to claim, compensation for this Accident from any other Company or Society? If YES, please state the name (s).	☐ Yes ☐ No ....
Give the names and addresses of any Witnesses of the Accident.	
Give the name and address of the doctor who attended to you on your meeting with the Accident.	....
Is he your usual doctor?	☐ Yes ☐ No
Has he, or any other Medical Practitioner, attended to you during the last ten years for any illness or injury? If YES, please give particulars.	☐ Yes ☐ No ....
Have you, as the direct result of the Accident, been totally incapacitated from attending to business of any kind? If YES, please state for how long.	☐ Yes ☐ No From.................... To ....
Are you still totally incapable of attending to business of any kind?	☐ Yes ☐ No
State if (a) confined to bed (b) confined to the house (c) able to get out of doors	....
If you are now able to attend to any portion of your business or occupation, state when you commenced to do so.	Date ....
Have you now fully resumed your usual business or occupation? If YES, please state since when.	☐ Yes ☐ No Date ....
When and where can you be visited by the Medical or other Officer of the Company? Date .... Time .... Place....................	

I hereby warrant the truth of the foregoing statements.

....

Date **Company's Stamp, if applicable** **Signature of Claimant**

Etiqa Insurance Berhad (Company Reg. No. T09FC0054K)
1 North Bridge Road, #08-01 High Street Centre, Singapore 179094
T: +65 6336 0477 F: +65 6339 2109 www.etiqa.com.sg

A Member of the Maybank Group