



PUBLIC LIABILITY CLAIM FORM

IMPORTANT NOTICE :

- 1 THE ISSUING OF THIS FORM IS NOT TO BE TAKEN AS ADMISSION OF LIABILITY BY THE INSURERS
- 2 THIS FORM MUST BE COMPLETED AND RETURNED IMMEDIATELY WHETHER A CLAIM HAS BEEN MADE OR NOT
- 3 DO NOT ADMIT FAULT OR LIABILITY FOR THE ACCIDENT
- 4 ALL QUESTIONS ON THIS FORM MUST BE ANSWERED.

1 Policy Number	
2 Name of Insured in full Address Occupation/Nature of business	P.O.BOX _____
	Telephone No. _____
3 State :	
i) Date	
ii) Time	
iii) Place or situation of the accident	
4 When and by whom was the accident reported to you	
5 Explain how the accident occurred (if due to defect in machinery or plant or premises give nature of defect)	
6 State fully, nature and extent of injury or damage	

MEDICAL CERTIFICATE

The Issue of this form is not to be taken as an admission of liability

1. Claim must be supported by medical evidence furnished by the Insured. Claim No. PA _____
Policy No. _____
2. It is very essential that full particulars be given so that the medical officers of the Company may understand the exact nature and extent of disability.

FORM TO BE COMPLETED BY THE MEDICAL EXAMINER

1. (a) Name of Claimant: _____ (b) Age: _____
(c) Nature of employment or business: _____
(d) Do you know the claimant personally? If not, are you fully satisfied about his identity?

2. (a) Nature and cause of Accident: _____
(Give full details) _____
(b) If to eye or limb, state left or right: _____
(c) Whether the appearance of the injuries are consistent with the account given of the accident: _____
3. (a) Are you the usual Medical Attendant of the Claimant? _____
(b) If so, how long have you known him? _____
(state number of years)
(c) Did you attend on him for any serious illness previously? If so, give particulars:

4. Date on which you first attended the Claimant for this injury: _____
5. Has the claimant been totally prevented from attending to any portion of his usual employment or business?
(i) If so, how long? _____
(ii) What portion of his usual employment or business can he not attend to?

6. Is the claimant suffering from any disease apart from this injury, and is there any illness or circumstance which may tend to retard his recovery? If so, give particulars: _____

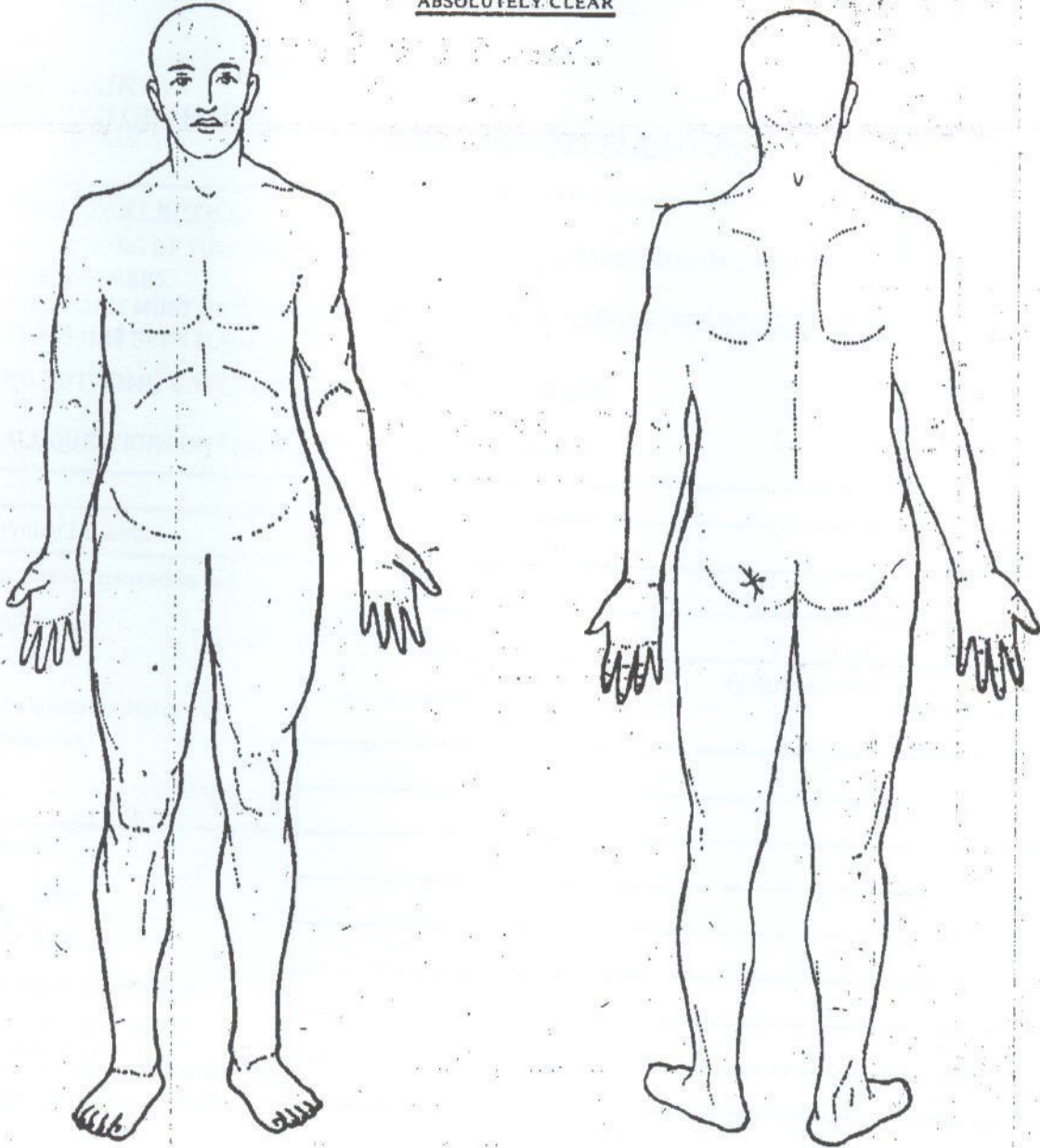
7. Present condition of the claimant: _____
8. How long from the happening of the Accident do you consider:
(a) Total disablement will last? _____
(b) Partial disablement will last? _____
- (Note: Total disablement means disablement from engaging in or attending to all portion of usual employment or business. Partial disablement means disablement from engaging in or attending to some portion of usual employment or business).
9. Any other remarks or observation you have to make?

Having personally examined the above named Claimant I certify that the above statements are correct and that the injured person is necessarily disabled by the Accident referred to.

Signature _____
Name _____
Qualification _____
Address _____ (PTO)

Date _____

PLEASE INDICATE CLEARLY ON BOTH FIGURES THE PRECISE EXTENT OF AMPUTATIONS, WOUNDS, BURNS, ETC. WITH SUCH NOTES AS MAY BE NECESSARY TO MAKE THE MATTER ABSOLUTELY CLEAR



Notes:

NOTE

Permanent Disablement

- Section B. The total and irrevocable loss of sight of both eyes, or of the actual loss by physical separation at or above the elbow or knee of two entire hands, or two entire feet, or of one entire hand and one entire foot, or of such loss of sight of one eye and such loss of one entire hand or one entire foot
- Section C. The total and irrecoverable loss of sight of one eye, or of the actual loss by physical separation at or above the elbow or knee, of one entire hand or one entire foot
- Section D. Permanent total and absolute disablement (other than specified in (b) and (c) of the Insured from engaging in, being occupied with or giving attention to any employment or occupation of any description whatsoever

Temporary Disablement

- Section E. Temporary total disablement from following the Insured's usual employment and attending to business of any kind or description whatsoever and being at the same time confined on medical grounds either at a Hospital or Clinic or Nursing Home or at the Insured's own normal place of residence or with the consent in writing of the Company at any other place or residence