RC 31126

LASACO ASSURANCE PLC

IVORY MUSIC HOUSE: 13, Alhaja Asabi Cole St., Ikeja Central Business District,
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PERSONAL ACCIDENT CLAIM FORM

The prompt completion and return of this form, including the medical certificate will assist in the handing of the claim

Name of Insured ____________ Present Age ____________ Policy No. ____________

Address ____________ Tel. No. ____________

Occupation (if more than one, state each) ____________

Name and Address of Doctor in attendance in respect of the injury ____________

____

Name and address of your usual Doctor ____________

____

From what date were you totally disabled from attending to your usual business or occupation? ____________

From what date were you partially disabled from attending to your usual business or occupation? ____________

If still disabled, when do you expect to resume your usual business or occupation ? ____________

Is your disablement due solely to the injury [? ____________

If not, please give details ____________

Please give details of any benefit to which you may be entitled under any other insurance policy or club scheme, with the name and address of the insurers or club ____________

Date of accident ____________ Time ____________ a.m/p.m.place ____________

Description of accident ____________

____

____

Names and address of witnesses ____________

____

Nature of injury ____________

Have you suffered a similar injury before? ____________ If so, when? ____________

I declare that the foregoing particulars are true and complete

Date ____________ Signature of Insured ____________

MEDICAL CERTIFICATE

TO BE COMPLETED BY A QUALIFIED AND REGISTERED MEDICAL PRACTITIONER AND SUPPLIED AT THE EXPENSE OF THE INSURED

Name of Insured ______________________________

Nature of injury ______________________________

Date of first attendance for this injury ______________________________

If there is any history of a similar previous injury, please give details ______________________________

____

Do you know of anything which directly or indirectly might have contributed to, or is in any way likely to retard recovery from the present injury? ______________________________

Period of total disablility from attending to the insured's usual business or occupation From __________ to __________ inclusive

Period of partial disability from attending to the insured's usual business or occupation From __________ to __________ inclusive

If still disabled, please state the probable further period of

(a) Total disability from attending to the insured's usual business or occupation ______ From __________ to __________ inclusive

(b) Partial disability from attending to the insured's usual business or occupation ______ From __________ to __________ inclusive

General remarks ______________________________

____

Date ______________________________ Signature ______________________________

Qualification ______________________________

Address ______________________________