



INSURANCE BROKERS (PTY) LTD

Murray Clan Insurance Brokers (Pty) Ltd
 121 Milner Road Rondebosch 7700
 P.O. Box 32 Rondebosch 7701
 Tel: 021 689 2921
 Fax: 021 689 2934
 email: admin@murrayclan.co.za



INJURY / ILLNESS CLAIM FORM				
BROKER/ AGENT		Policy No.		
Insured	Name of business			
	Address and telephone numbers	Work		Home
Cellular			E-mail	
Insured person	Name and age			
	Business or occupation			
Relationship of insured person	If employee give annual earnings defined in the policy			
	If other, specify relationship			
Date/Time/Place of accident or illness	When and where did accident occur or illness commence? Give full particulars of the accident and nature of injuries or the name of the illness	Date	Time	Place
Witness	Names and addresses and telephone numbers.			
Doctor	Name and address of doctor who attended you			
	Name and address of your usual doctor			
Disablement	Period of temporary total displacement	From	To	
	Period of temporary partial disablement	From	To	
	Give date normal occupation resumed	Date		

	<p>Has any permanent disablement resulted? Give details</p>	
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Other insurances</p>	<p>Give name of any other insurer with whom insured person is insured</p>	
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Pervious claims</p>	<p>Give details of all claims made against insurers or in terms of the WCA by the insured person</p>	
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Declaration / Authorisation</p>	<p style="text-align: center;">I/ We declare that the above particulars are true in every respect.</p> <p>Insured's signature _____ Date _____ Capacity _____</p> <p style="text-align: center;">IMPORTANT</p> <p>I hereby authorise any hospital, physician, or other person who has attended or examined me, to furnish to the company, or its authorised representative, all information with respect to any illness or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical records. A photostatic copy of this authorisation shall be considered as effective and valid as the original.</p> <p>Insured person's signature _____</p>	