

# GROUP PERSONAL ACCIDENT

## Claim Form

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### INSURED

Name of insured

Policy number

Contact person

Contact phone number

Contact email address

### INCIDENT

Estimate

Injured on duty?

YES

NO

Date & time of incident

Death?

YES

NO

Date & time discovered

Is this incident covered under any other policy of insurance?

YES

NO

Date & time reported

Place of loss

### POLICE

Place where reported

Date of reporting

Case number (if reported)

### EMPLOYEE

Name

Contact phone number

Contact email address

Address

Occupation

**TEMPORARY / PERMANENT DISABLEMENT**

Expected dates off-duty

Expected percentage of permanent disablement

**Please tick which of the following documents are attached**

Doctor's certificate

Confirmation of percentage disablement by doctor

Letter of appointment

First & Final Medical report

Original medical accounts and medical aid statements

Police plan and report on scene of accident

**IN CASE OF DEATH**

**Beneficiaries under the policy**

Name

Policy number

Contact number

Address

**Documents attached (please tick if attached)**

Post Mortem report

Inquest report

Letter of executorship

## DECLARATION

I / we declare that to the best of my / our knowledge the above statements are true. I acknowledge that the information set out above is provided freely so that Western may process my claim and give effect to the terms and conditions contained in the policy wording. I herewith give my consent that Western may use this information, my personal information on record and additional information obtained from other sources in order to determine whether to accept or reject my claim, and take all necessary steps ancillary thereto to give effect hereto. I understand that I may be liable for output VAT in terms of section 8(8) of the VAT Act 89 of 1991.

Insured's signature

Capacity

Date

### Cape Town

T 021 914 0290

F 021 914 0290

E [info@westnat.com](mailto:info@westnat.com)

### Gauteng

T 012 523 0900

F 012 523 0909

E [info@westnat.com](mailto:info@westnat.com)

### Oudtshoorn

T 044 011 0049

F 044 011 1282

E [info@westnat.com](mailto:info@westnat.com)

### Windhoek

T +264 (0) 61 256 733

F +264 (0) 61 251 056

E [info@westnat.com](mailto:info@westnat.com)