

GROUP PERSONAL ACCIDENT

Claim Form

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

Gauteng

T 012 523 0900

F 012 523 0909

E info@westnat.com

Oudtshoorn

T 044 011 0049

F 044 011 1282

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Windhoek

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F +264 (0) 61 251 056

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