



**The Monarch
Insurance**
A friend for life.

PERSONAL ACCIDENT CLAIM FORM

PLEASE ANSWER EVERY QUESTION

POLICY NO.....

NAME _____ AGE _____ YEARS

ADDRESS (PRIVATE) _____ TEL NO. _____

(BUSINESS) _____ TEL NO. _____

BUSINESS _____

DATE OF PAYMENT OF LAST PREMIUM _____

DATE OF ACCIDENT _____ TIME _____ PLACE _____

<p>1. How did the accident happen? What were you doing at the time?</p>	
<p>2. What injuries have you sustained?</p>	
<p>3. Has the same part been injured previously?</p>	
<p>4. How long have you been totally or partially disabled from engaging in or attending to your usual business as a result of the injuries?</p>	<p>Totally from: _____ To: _____ Partially from: _____ To: _____</p>
<p>5. How long have you been confined to bed? House?</p>	<p>From: _____ To: _____ From: _____ To: _____</p>
<p>6. Name and address of Doctor who is attending you Is he your usual Doctor?</p>	
<p>7. Have you required medical or surgical treatment during the past five years? If so, give particulars.</p>	
<p>8. Name and addresses of any witness of the accident</p>	
<p>9. Are you claiming under any other insurance? If so, give particulars</p>	

I WARRANT that the above statements and particulars are correct and complete

DATE _____ SIGNATURE _____

MEDICAL CERTIFICATE

(To be completed by a Registered Medical Practitioner)

1. Name of patient	
2. What injuries has the patient sustained?	
3. When were you first consulted?	
4. How long has the patient been totally or partially disabled from engaging in or attending to usual business as the result solely of the injuries.	
5. Has the patient any disease or any physical defect and if so, of what nature? To what extent may recovery be affected thereby?	
6. On the basis of the permanent disability scale shown below, do you consider the patient has suffered any permanent disability?	
If so, what is the percentage?	

Name of Medical Practitioner _____ Signature _____

Qualifications _____

Address _____

Date _____

PERMANENT DISABILITY SCALE

INJURY	PERCENTAGE
1. Loss of both hands at or above the wrist	100
2. Loss of both feet at or above the ankles.....	100
3. Loss of one hand at or above the wrist and one foot or above the ankle.....	100
4. Loss of all fingers and thumbs of both hands.....	100
5. Total and irremediable blindness in both eyes.....	100
6. Total and irremediable paralysis, loss of arm.....	100
7. At shoulder.....	60
8. Between elbow and shoulder.....	60
9. At elbow.....	47 ½
10. Between wrist and elbow.....	45
11. Loss of hand and wrist.....	42 ½