VANTAGE POINT
Underwriting Managers

INJURY/ILLNESS CLAIM

Broker/Agent _____ Policy number _____ VAT reg. number _____

Insured	Name and occupation			
	Address and daytime phone number			
Insured person	Name and age			
	Business or occupation			
	Address and phone number			
Relationship to the Insured	If employee, give annual earnings defined in the policy			R
	If other, specify relationship			
Injury/Illness	When and where did accident occur or illness commence	Date	Time	Place
	Give full particulars of the accident and nature of injuries, or the name of the illness			
Witness	Name and address			
Doctor	Name and address of doctor who attended to you			
	Name and address of your usual doctor			
Disablement	Period of temporary total disablement	From:		To:
	Period of temporary partial disablement	From:		To:
	Give date normal occupation resumed	Date:		
	Has any permanent disablement resulted Give details.			
Other insurances	Give name of any other insurer with whom insured person is insured			
Previous claims	Give details of all claims made against insurers or in terms of the WCA by the insured person. Compensation for Occupational Injuries and Diseases Act No. 150 of 1993.			

Declaration/ Authorisation

I/We warrant that the answers given are true and correct. All details provided on this form are done so honestly and in good faith. This means that The Hollard Insurance Company Ltd has been made aware of all important information and that any incorrect information may mean that the claim may be rejected and the policy cancelled.

Protection of Personal Information

We care about your privacy. In order to provide you with our service, we and our service providers have to process the personal information you provide us with by completing this document. We will treat this information with caution and we have put reasonable security measures in place to protect it.

_____ _____ _____

Insured's signature Capacity Date

I hereby authorise any hospital, physician, or other person who has attended or examined me to furnish to the company, or it's 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 photocopy of this authorisation shall be considered as effective and valid as the original.