

BRITAM STUDENT ACCIDENT INSURANCE	
CLAIM FORM	
SECTION A: PERSONAL DETAILS	
Policy No:	
Name of Policy Holder:	
Address:	
Telephone/Cell phone:	
Email:	
Claimant/Victim:	
Designation/Class level and combination	
SECTION B: DESCRIPTION OF ACCIDENT	
Place of Accident:	
Date of Accident:	
Time of Accident:	
Name and Phone number of witness to the accident:	
1. How did the accident occur?	
2. What were you doing at the time of the accident?	
3. Was the accident fatal? (Yes/No)	
4. If not fatal, state the apparent injuries?	
5. Have you had similar injuries?	
6. Have you been totally disable?	

<b>7. Have you been able to return to school?</b>	
<b>8. How long have you been bed ridden?</b>	
<b>9. How long have you been confined to your home?</b>	
<b>10. To which hospital were you admitted?</b>	
<b>11. Date of Hospital Admission?</b>	
<b>12. Were you operated on?</b> (Yes/No)	
<b>13. Name of doctor who operated on you?</b>	
<b>14. Name of doctor treating you?</b>	
<b>15. Is he/she your usual doctor?</b>	
<b>16. Have you undergone medical or surgical treatment in the past 5 years?</b> (Yes/No. If yes, give details)	
<b>17. Are you covered under another insurance policy?</b> (Yes/No. If yes, give details)	
<b>18. Do you have a life policy?</b> (Yes/No. If yes, give details)	

### SECTION C: DECLARATION

I, \_\_\_\_\_, hereby declare that the aforementioned statements are true and within my knowledge and belief, as stated on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature of Insured: \_\_\_\_\_

## SECTION D: MANDATORY SUPPORTING DOCUMENTS

The following claim supporting documents are required for Personal Accident Claims:

1. Filled Claim Form
2. Medical Certificate
3. Original Medical Bills
4. Official List of All Insured Students
5. Student ID
6. For Fatal Claims:
  - Death Certificate
  - Copy of ID
  - Surrender Form
  - Police Abstract

**I DECLARE that the particulars are true and undertake to forward Immediately (and unanswered) any correspondence relating to this accident.**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF POLICY HOLDER