



PERSONAL ACCIDENT CLAIM FORM

(This form should be completed and returned without delay)

Policy No Claim No							
The MEDICAL CERTIFICATE OVERLEAFis to be furnished at the expense of the participant.							
Full Name							
Residence Address							
Telephone No	Present Age	Yrs	Height		cms	Weight	Kgs
Business Address							
Present Business & Occupation (If more than one State all)							
Accident / Injury / Illness							
Date	Time		Plac	ce			
Give particulars of the cause,and the injuries sustained							
Names and the addresses of any witnesses of the accident.							
Name and address of the Doctor attending you							
State where and when a Medical or other officer of the Company can visit you, if necessary.							
State the period during which you have totally disabled from attending to your business as the sole and direct result of the accident.							
Are you still totally disabled?If not, from what date were you able to attendto some part of your business?							
Have you previously claimed or received compensation under an Accident and/or Sickness Policy?If so, please give particulars.							
Are you insured elsewhere?							
If so, give the name of each Company or Insurer, and amount you are entitled to claim.							
l, the undersigned, do hereby declare that, to the best of my knowledge and belief, the foregoing particulars are true and correct.							

Date: _

Signature: _

PRIVATE AND CONFIDENTIAL

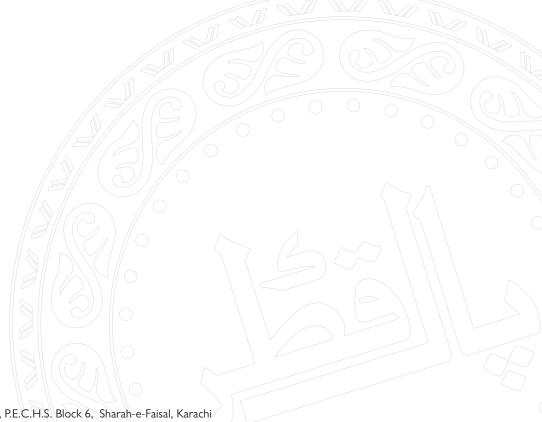
MEDICAL CERTIFICATE TO BE COMPLETED BY INSURED'S DOCTOR

It is understood that this certificate will be completed on the basis of your existingknowledge and without undertaking anyfuture examination.

I CERTIFY that	
was injured on	
his injuries are	
if his injuries are complicated by any other conditions	give details
He is solely and	directly totally / partially disabled on a result of the
injuries and will be so disable until	
Date	
	Siganture and Qualification

Total disablement occurs when the insured is wholly prevented from attending to his business or occupation.

Partial Disablement when prevented from attending to a substantial portion thereof.



Address: Suite # 402- 404, Business Arcade, P.E.C.H.S. Block 6, Sharah-e-Faisal, Karachi Phone: (0092) 21- 34380357-61, Fax: (0092) 21 - 34386453