

PERSONAL ACCIDENT CLAIM FORM

Agency _____

Policy no. _____

Please note:

1. The acceptance of this form is NOT an admission of liability on the part of EQ Insurance Company Limited.

SECTION 1 – PARTICULARS OF INSURED PERSON

1. Name of Insured: _____
2. Address: _____
3. E-mail Address: _____
4. NRIC No.: _____ Occupation: _____
5. Tel: (O): _____ (H): _____ (H/P): _____

SECTION 2 – PARTICULARS OF LOSS OR DAMAGE

- Section 1: Accidental Death
- Section 2: Permanent Disablement (Total & Partial)
- Section 3: Temporary Total Disablement
- Section 4: Temporary Partial Disablement
- Section 5: Daily Hospital Cash
- Section 6: Compassionate Cash Relief in the event of fatal accident
- Section 7: Accidental Medical Expenses
- Section 8: Emergency Medical Evacuation whilst on overseas trip
- Section 9: Repatriation of Mortal Remains whilst on overseas trip

SECTION 3 – DETAILS OF ACCIDENT / INJURY

1. Date of Accident/Injury: _____ Time of Accident/Injury: _____

2. Location: _____

3. Describe how the accident happen: _____

4. Describe the injury(ies): _____

SECTION 4 – PARTICULARS RELATING TO TEMPORARY TOTAL DISABLEMENT AND TEMPORARY PARTIAL DISABLEMENT

1. Name of Attending Doctor: _____

Name and Address of Clinic: _____

2. Period of Temporary Total Disablement (i.e. **entirely** prevented from engaging in or giving attention to your profession or occupation):

From: _____ To: _____

3. Period of Temporary Partial Disablement (i.e. **substantially** prevented from engaging in or giving attention to your profession or occupation):

From: _____ To: _____

SECTION 5 – DECLARATION BY INSURED

I declare that I have complied with the conditions and warranties (if any) of the Policy and in no manner deliberately caused the said loss or damage sought unjustly to benefit by any fraud or willful representation and that the information given on this form is true and correct to the best of my knowledge and belief.

Name and Signature of Insured

Date