



ក្រុមហ៊ុនធានារ៉ាប់រង កម្ពុជាឈ្នួល

CAMPU LONPAC INSURANCE 柬埔寨大众伦平保险

NOTICE OF CLAIM UNDER PERSONAL ACCIDENT POLICY

N.B. The issue of this Form is not an admission of liability by the Company.
This Form must be fully completed and returned to the Company.

Policy No. : _____

Claim No. : _____

DETAILS OF INSURED	
1. Name of Insured	: <table border="1" style="width: 100%; height: 20px;"></table> <table border="1" style="width: 100%; height: 20px;"></table>
2. Address	: <table border="1" style="width: 100%; height: 20px;"></table> <table border="1" style="width: 100%; height: 20px;"></table> <table border="1" style="width: 100%; height: 20px;"></table>

1. Name of Injured Person	: <table border="1" style="width: 100%; height: 20px;"></table> <table border="1" style="width: 100%; height: 20px;"></table>
2. Address	: <table border="1" style="width: 100%; height: 20px;"></table> <table border="1" style="width: 100%; height: 20px;"></table> <table border="1" style="width: 100%; height: 20px;"></table>
3. IDNo. / Passport No.	: <table border="1" style="width: 70%; height: 20px;"></table>
4. Age	: <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> Sex : <input type="checkbox"/> Male <input type="checkbox"/> Female
5. Occupation	: <table border="1" style="width: 100%; height: 20px;"></table>
6. Date of Accident	: <table border="1" style="width: 40%; height: 20px;"></table> Time: _____
7. Place of Accident	: <table border="1" style="width: 100%; height: 20px;"></table> <table border="1" style="width: 100%; height: 20px;"></table> <table border="1" style="width: 100%; height: 20px;"></table>
8. Describe in detail How the accident occurred	: _____ _____ _____ _____ _____

<p>9. State what you were doing at the time of accident :</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>10. Describe in detail the injury suffered by you :</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>11. Name and Address of any Person who sent you to Hospital :</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>12. Name and Address of any Person who witnessed the accident :</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>13. Name and Address of Medical Practitioner who attended to you after the accident :</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>14. Are you entitled to receive compensation from any other Insurers in respect of this Injury? If so, please state :</p>	<p>_____</p>
<p>a) Name of Insurance Company :</p>	<p>_____</p>
<p>b) Amount you are insured for :</p>	<p>_____</p>

DECLARATION

I/We hereby declare the foregoing particulars to be true in every aspect and that no information has been suppressed.

Date: _____

 Signature of Insured
 (Company chop where applicable)

MEDICAL CERTIFICATE

The Claimant must obtain at his own expense the following certificate from a registered Medical Practitioner. The Medical Practitioner is requested to complete in detail this Certificate.

1. Name of Injured Person IDNo. / Passport No.:	
2. The date you first attended to the injured person in respect of the injuries sustained	
3. Are the injuries sustained consistent with the Accident as described on the previous pages of this form ?	
4. How long the claimant has been confined as a result of the accident above referred to (a) To his bed (b) To his house	(a) (b)
5. Full particulars of injuries caused by the accident	
6. Whether claimant is now or was at the time of the accident suffering from any physical defect or illness irrespective of his injuries. If so please state nature thereof.	
7. If still confined to bed or house, probable further period he will be so confined?	
8. (a) To what extent the Claimant has been or will be totally disabled from following his occupation as shown on the previous page of this form. (b) To what extent the Claimant has been or will be partially disabled from following his occupation as shown on the previous page of this form.	_____ _____
9. Whether the Claimant is now attending to his business or occupation in any way?	

I hereby certify the foregoing statements are correct.

SIGNATURE _____

ADDRESS _____

QUALIFICATIONS _____

DATE: _____