GLOBE INSURANCE
Company of Jamaica Limited

PERSONAL ACCIDENT CLAIM FORM

Branch_____ **Policy No**_____ **Claim No**_____

This form should be completed and returned without delay.
The MEDICAL CERTIFICATE OVERLEAF is to be furnished at the expense of the Insured.

1. Name in full …….. Telephone No…… Residence ……. Business Address …….. Present Business or Occupation If more than one, state all } ……	Present Age: …….. years Height: ……ft……..in. Weight: ……..st ……..lbs
2. (a) Date, time and place of accident (b) Give particulars of the cause, and the injuries sustained	
3. Names and addresses of any witnesses of the accident	
4. Name and address of the Doctor attending you	
5. State where and when a Medical or other Officer of the Company can visit you, if necessary	
6. (a) State the period during which you have been totally disabled from attending to your business as the sole and direct result of the accident (b) Are you still totally disabled? If not, from what date were you able to attend to some part of your business?	From …… 20 ……. To…….. 20 …….
7. Have you previously claimed or received compensation under an Accident and/or Sickness Policy? If so, please give particulars	
8. (a) Are you insured elsewhere? (b) If so, give the name of each Company or Insurer and the amount you are entitled to claim.	

I, the undersigned, do hereby declare that, to the best of my knowledge and belief, the foregoing particulars are true and correct.

Date_____ 20_____ Signature_____

PRIVATE AND CONFIDENTIAL

Medical Certificate to be completed by Insured's Doctor

I CERTIFY that ……

was injured on ……

His/Her injuries are ……

caused by ……

If his/her injuries are complicated by any other conditions, give details:……

……

He is solely and directly $\frac{\text{totally}}{\text{partially}}$ disabled as a result of the injuries and will be so disabled until ……

Signature and Qualifications } ……

Date …….

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.