



Holburn Insurance Brokers

Unit 4 Tasica House, 12 Charles Way, PO Box 497, Kloof 3640 | Tel 031 764 3870 | Fax 086 521 4377 | www.holburn.co.za  
Established 1983 | FSP Licence No. 30634

## PERSONAL ACCIDENT CLAIM FORM

This form is required in order to assess a potential claim under a policy of insurance. Issue and completion of this form does not in any way imply, construe, or admit liability by the Insurer. Only a fully completed and signed claim form can receive our further consideration. All claims can be reported to info@holburn.co.za or 086 5214377

### Section 1: General

Name of Insured	
Contact Details / Telephone or email address	
Name of Injured Person	
ID Number	
Date, time & place of accident	
Is this an Injury on Duty	
SAPS & OAR case number	
Give a detailed description of how the accident occurred	

The following documentation must be provided for this claim to be considered:

**NOTE:** It is not necessary to have all these documents when submitting the claim. These documents can be forwarded at a later stage to avoid any unnecessary delays.

1. Copy of the injured persons ID.
2. Copy of the Employers Report of an accident in the event of an IOD.
3. Copy of the OAR ( police report) in the event of a motor vehicle accident.
4. Details of witnesses

### Section 2: Death Claim (if applicable)

Date & Place of death	
State the exact cause of death and any important factors connected therewith.	

The following documentation must be provided for this claim to be considered:

**NOTE:** It is not necessary to have all these documents when submitting the claim. These documents can be forwarded at a later stage to avoid any unnecessary delays.

1. Death Certificate
2. Post Mortem Report
3. Employer's Report for occupational related death
4. Police Accident Report if the death was due to a motor vehicle accident
5. Police Reference number if death is the subject of a criminal investigation
6. Copies of any newspaper clipping or eye witness statements that may be available

### Section 3: Disability Claim

Give full details of the injuries sustained by the claimant	
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Name of the attending doctor	
Practice Number	
Tel No	
Address	
Has any permanent disablement resulted from this accident, if yes, please give details:	

#### Section 4: Hospitalisation Benefit (if applicable)

The following documents will be required when claiming for the Hospitalisation Benefit.  
Original Medical Accounts proving admission into hospital and discharge dates

#### AUTHORISATION

Authorisation is to be completed by the claimant or his/her legal representation.

I hereby authorise any hospital, physician or any other person who treated me, to furnish the Insurer or the legal representatives with all information with regard to any injury, sickness medical history, consultations, prescription or treatment including copies of all my hospital or medical reports. I agree that a photostat / fax copy of this authorisation shall be accepted as the original. I declare that the answers given by me in this claim form are true in every respect.

Signature of the Claimant or his/her legal representative	
Date	
Place	

#### Declaration by Insured Person

I hereby warrant the truth of all particulars on this form in every respect and declare that all conditions of this insurance have been complied with:

Signature:	
Date:	
Capacity	

**THE ISSUE OF THIS FORM IS NOT AN ADMISSION OF LIABILITY**