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انشورانس كومپاني ليمتد
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(Incorporated in Japan, registered in the Insurance Companies register under Regn. No. 45 dated 29th December 1984)
AGENTS FOR UNITED ARAB EMIRATES: AL FUTTAIM DEVELOPMENT SERVICES CO. LLC.

Personal Accident Claim Form

1	Personal Details	
a)	Name	
b)	Date of Birth & Age	Date of Birth : ___ / ___ / ___ Age : ___ Yrs.
c)	Telephone / Fax	
d)	Occupation	
e)	Is the person injured member of your association Is the person injured an invitee? If so, please give details	Yes / No
f)	State fully the activity upon which the injured person was engaged at the time of accident	
2	Details of Accident	
a)	Date, Time and Place of Accident	Date : Place : Time :
b)	How did the accident occur	
c)	When and whom did injured person first report the accident	
d)	State the nature of injuries	
e)	State the names of any witness	
f)	What Medical attention is injured person receiving ? Details of Medical Practitioner attending to the injured person	Name of Hospital : Name of Attending Doctor : Date of Admission : No of days in hospital :
g)	Was Injured hospitalized ?If so, when was he admitted and how many days was he in hospital ?	
h)	Was the accident due to anyone's negligence? If so, give particulars.	
i)	Please provide any other information relevant to this accident	

I / We hereby certify that the above information are true to the best of my / our knowledge and belief and that I / we have not concealed or withheld any facts or information

Name and Signature of the Injured :

Date :