

Allianz Insurance Company Lanka Limited

No.103/7, Galle Raod, Colombo 03

Tel: 5340555 / 5340777 Fax: 2323646

Website: www.allianz.lk

PERSONAL GUARD-PERSONAL ACCIDENT CLAIM FORM

1. Details of the Insured

- a) Name : (Mr/ Ms) -----
- b) Postal Address : -----
- c) Phone No. -----

2. Details of the Insured Person

- a) Name : (Mr/ Ms) -----
- b) Relationship to the insured : Self Employee Others -----
- c) Occupation : ----- d) Age : -----
- e) EPF/Employee No : -----

3. Details of the Accident

- a) Date : ----- b) Time : -----a.m. p.m. c) Place : -----
- d) Please state fully what happened ? -----
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- e) Please state precisely the injuries sustained : -----
- f) Please give names and addresses of any witnesses to the accident : -----
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- g) Was the accident reported to the Police ? Yes No
- h) If "Yes" please give name of Police station and Date : -----

4. Details of Injury

- a) How long has the injured person been disabled from engaging or attending to his/her usual employment or Occupation or been confined to his/her home as a result of the injury ?
Totally from ----- to ----- Partially from ----- to -----
- b) Name of the Doctor attended to the injured person : -----
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5. Details of Other Insurance

- a) Are there any other insurance (s) covering this incident? Yes No
- b) If "Yes" please give details including name of the Insurer and the Policy No : -----
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Declaration

I / We confirm that the information provided herein is complete and true to the best of my/our knowledge and belief. I / We hereby further authorize any physician, hospital, clinic, Insurance Company or other organization institution or person, that has any records or knowledge of the illness or injury to disclose to Allianz Insurance Company Lanka Limited or its representative any and all information about the patient with reference to the health and medical history and any hospitalization advice, treatment, disease or ailment.

Signature of the Insured person : ----- I/C No : ----- Date : -----
Insured's signature : ----- Date : -----

Thank you for your co-operation. Kindly arrange for the Doctor who attended on the injured person to complete the medical report on the reverse of the claim form.

