

# PERSONAL ACCIDENT INSURANCE CLAIM – REPORT

Policy No:.....

1	When did you pay premium for the last time?	
2	Name in full: Date of birth: Profession or occupation: Domicile:	
3	Date and time of the accident	
4	Where did the accident happen? What person if any witnessed the accident?	
5	What caused the accident? By whom was the accident caused? (state name and address)	
6	Please describe the accident as well as its consequences until now.	
7	Where do you receive medical treatment? When did medical treatment commence? Name and address of the physician who treats you. What is the estimated duration of your recovery?  Are you totally or partially unfit to attend to your business or to carry on your profession?	totally from 199 partially from 199
8	Are you insured against accidents with another company? If so, please state the sum insured and the name of the Company.	
9	Have you any other information to give?	

PT Zurich Insurance Indonesia  
Claim & Support Division

Sudirman Plaza  
8<sup>th</sup> Floor, Indofood Tower  
Jl. Jend. Sudirman Kav. 76-78  
Jakarta 12910  
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Phone : +62-21-5793-6770  
Fax : +62-21-2554-3670

<http://www.zurich.co.id>

I warrant the truth of the whole of the above statements and I authorise my physician to give all information desired by the Company.

Date: ....., 199

**TO BE COMPLETED BY THE PHYSICIAN**

1	Nature of the injury or cause of death	
2	When did you first visit injured person?	
3	Was the injury or death caused directly by an accident?	
4	Has any ailment, sickness or carelessness contributed to consequences presently existing?	
5	Will the consequences of the injury be of a permanent or temporary nature? How long will the cure take?	
6	What the consequences are now present and which can still be expected?	
7	Is the injured person properly confined to his bed or room continuously?	
8	Is the injured person properly looked after or do you think admission into hospital more desirable?	
9	Is the injured person totally unfit to attend to his business or to carry on his profession? If so, please state date of commencement of total disablement.	
10	Is the injured person partially unfit to attend to his business or to carry on his profession? If so, please state date commencement and degree of disablement	

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The Medical Attendant