

Personal Accident Insurance Claim Form

1. Insured Details

Name of Insured: _____

Policy Number: _____

The following documents along with the claim form shall accompany all your claims falling under any benefits of your Personal Accident Insurance Policy. The list of documents required is not exhaustive and we reserve the right to request from you any additional information/documentation, as and when necessary. The submission of an incomplete form, insufficient information or supporting documents may delay the processing of your claim.

| Please Select sections that you are claiming for | Documents to be submitted by You |
|---|--|
| <input type="checkbox"/> Accidental Death | <ul style="list-style-type: none"> - Proof of relationship between deceased and claimant (Affidavit) - Certified true copy of death certificate - Copy of police report/road traffic accident report (if applicable) - Certified true copy of coroner's/post-mortem/autopsy report (if applicable) |
| <input type="checkbox"/> Total & Partial Permanent Disablement | <ul style="list-style-type: none"> - Medical report (to be completed by attending Medical Doctor) - Any other available medical reports - Copies of medical leave certificates - Copy of police report/road traffic accident report (if applicable) |
| <input type="checkbox"/> Medical Expenses (In-patient: Requiring admission in a Medical Clinic or Hospital) | <ul style="list-style-type: none"> - Original final medical bills/receipts and Pharmaceutical receipts - Any available medical reports and Medical prescription - Inpatient discharge summary (For Hospitalisation cases only) - Copy of police report/road traffic accident report (if applicable) <p>Note: All medical bills must indicate the breakdown of the expenses incurred and the doctor's medical diagnosis must be clearly stated. We reserve the right to request for additional medical information.</p> |

If you are unable to supply any of the requested documents, please include a separate note explaining why, to enable us to help you more quickly.

HSBC Centre, 1st floor, 18 Bank Street, Ebène 72201 - Mauritius

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Personal Accident Claim Form

This form must be completed truthfully and accurately.

1. Claimant's Details (If Claimant is different from Policyholder)

| | | |
|---|----------------------|-------------|
| Name (as in NIC/Passport): Mr/Miss/Mrs** To delete appropriately | NIC/Passport number: | Occupation: |
| Date of birth: (dd/mm/yyyy): | Email: | |
| Contact numbers: Home: | Office: | Mobile No: |

2. Types of claim

ACCIDENTAL DEATH TOTAL & PARTIAL PERMANENT DISABLEMENT MEDICAL EXPENSES

3. Incident Details

| | |
|--|-----------------------------|
| Date of occurrence (dd/mm/yyyy): | City/Country of Occurrence: |
| Time of occurrence: am/pm* | |
| Please describe to us the incident in details: _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |

You may include a separate list if there is insufficient space provided above.

4. Details of claims

| Date Incurred | Details of Expenses | Amount Claimed (MUR) |
|---------------|---------------------|----------------------|
| | | |
| | | |
| | | |
| | | |

➤ OTHER INSURANCES

If you are entitled to claim under any other insurance policy, please provide us the details of those policies:

| Insurance Company | Type of Policy | Policy Number | Amount Claimed (MUR) |
|-------------------|----------------|---------------|----------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Have you made any claims against any of the above insurers?

Yes No

➤ IMPORTANT

All original supporting documents should be sent as soon as possible to the following address (please retain copies for your own records):

Quantum Insurance Ltd
18, Bank Street
Level 1, HSBC Centre,
Ebene Business Park,
Ebene

By submitting this form:

I hereby declare that to the best of my knowledge and belief the statements and particulars contained herein are truthfully made and that I have not withheld any material fact concerning the accident or the injured party.

I understand that Quantum may record telephone calls for security and training purposes, for fraud or crime prevention and to ensure the highest level of service.

I am aware that I may appoint an Independent Medical Practitioner to act on my behalf and help with the preparation of my claim, but the cost of such will be at my own expense.

Signature of Insured:

Date:

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