Industrial and General Insurance Plc
Plot 741, Adeola Hopewell Street, V/Island, Lagos.
P.M.B. 80181, Victoria Island, Lagos.
Tel: +234-1- 6215010-4, Fax: +234-1-2621146
Website: www.iginigeria.com, E-mail: info@iginigeria.com

PERSONAL ACCIDENT CLAIM FORM

This form should be completed and returned within seven days.
It is necessary that the questions overleaf be answered by a medical practitioner.

Please answer all questions fully and return forms without delay.

Policy No ______ Claim No ______

Agency ______

Insured ______

Contact Address ______ State ______

Postal Address ______ State ______

Occupation ______

Telephone ______ Mobile ______ Email ______

Last premium Date: ______

GENERAL QUESTIONS-

1. state when and where the Accident took place:

(i) It occurred at ______ Date ______

Time ______ am/pm

(ii) State how it happened and what you were doing at the time: The fullest particulars should be given

(iii) State, as precisely as you can , what injuries you have sustained

(iv) Give name and address of the Doctor attending to you or said injuries

Is he your usual Medical Attendant? Yes ☐ No ☐

Had any other Medical man been consulted? Yes ☐ No ☐

(v) Have you been totally unable to attend to your business occupation?

If so, state period during which you were totally disabled:

From the ______ To the ______ inclusive.

(vi) Are you still totally unable to attend to your business or occupation? Yes ☐ No ☐
If not, on what date were you able to attend to:

(a) apportion of your occupation?

(b) The whole of your usual occupation

(7) When and where can be visited by the Medical or other officer of the company?

(8) Are you entitled to claim under any other insurance: Yes ☐ No ☐
If so, give particulars

(9) Have you ever claimed compensation from any Accident Company? Yes ☐ No ☐
If so, state name of Company, Amount and Date received

DECLARATION

I do hereby solemnly and sincerely declare that the foregoing statements and particulars are true, and that I will not abstain from and have not abstained from the following my usual occupation, either totally or partially, for period than necessary.

Signature of Claimant: ___________________________________ Date:___________________________