

# Personal Accident (Injury only)

As an NFU Mutual Policyholder we promise you a courteous, swift and efficient claims service. We will do our utmost to make sure that you receive the very best service and attention to help in some way to reduce the stress and inconvenience.

This document has been designed to make it easy for you to provide us with all the information that we need to enable us to deal with your claim. You should complete this form fully in BLOCK LETTERS in ink.

Tick the boxes provided to indicate YES or NO. All other questions require detailed answers and failure to provide ALL information may delay the handling of your claim. The completed form should then be returned to your insurance advisor or direct to us.

**IMPORTANT:** It is our policy to thoroughly investigate all claims and we may need to arrange an interview with you to obtain further information.

**WARNING:** Insurers and their agents exchange information with each other. Please refer to your policyholders information sheet sent at inception or renewal of your policy. If any aspect of a claim is fraudulent no payment will be made. The policy will be cancelled and the matter will be referred to the police for criminal investigation.

## Policyholder

Policy no.		
Name		
Address		
Postcode		
Policy no.		
Date premium paid		
Telephone no: Home		
Business		
Occupation		
Weight		Height
Date Of Birth		
Business Address		

## Details of Accident

Date injury occurred	Time	Place
How did the injury occur? - Full details of circumstances causing the injury		
Nature of injury		
Names and addresses of witnesses		
Were you admitted to hospital as an inpatient? Yes <input type="checkbox"/> if 'Yes', how many nights <input type="checkbox"/> No <input type="checkbox"/>		
Name and address of doctor attending you		
Is he your usual medical attendant? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If 'No', who is your usual doctor?		

## Extent of Disablement

How long have you been wholly prevented from attending to any part of your business or occupation?	From	Dates	To
How long have you been prevented from attending to most of your business or occupation?	From		To
Are you now wholly or partially prevented from attending to your business or occupation?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
Do you hold any other Accident Insurance?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
If 'Yes', state name of company and amount of Insurance			

Some of the information which you give us about this claim may be passed to other insurance companies you tell us about. They will give us information about your policy with them.

## Declaration

I/We have read the warning at the top of the claim form. I/We understand that you may seek information from other insurers to check the answers I/We have provided.

I/We the undersigned, declare that to the best of my/our knowledge and belief the information given in this claim form, which I/we have read over and checked, is true and complete.

I/We understand that, in order to prevent fraud, you may share information about me/us and this incident with other organisations and public bodies including the police.

Signature		Date	
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NFU Mutual

# Medical Certificate

To be completed by the Claimant's Doctor at the Insured's expense

Name of Claimant  Date of Birth

For how long has claimant been a patient of yours?

Nature and severity of injury (slight/moderate/severe)

If to eye or limb, state right or left Right  Left

If the appearance of the injury consistent with the account given overleaf? Yes  No

Is the injury caused or affected by any pre existing condition? Yes  No

Is the Claimant suffering from any disease or illness apart from his injury? Yes  No

Is there any illness or circumstance which may tend to retard recovery? Yes  No

If 'Yes', give particulars

Date on which you first attended the Claimant for this injury?

Is the Claimant now wholly prevented from attending to any part of their business/occupation? Yes  No

If 'Yes', when do you anticipate that he/she will be

a) Sufficiently recovered to attend to most of their business/occupation? Within  Weeks

b) Fully recovered and able to return to their business/occupation? Within  Weeks

If 'No', when did he/she recover sufficiently

a) To return to a substantial part of their business/occupation? Date

b) To return to their business/occupation? Date

Present condition

## Remarks

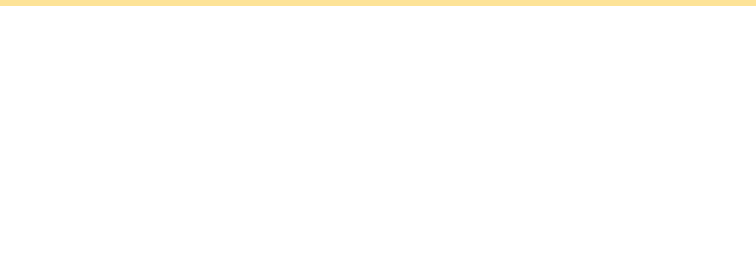
Name of doctor  Qualifications

Address

Postcode

Telephone no.

Signature  Date



Practice Stamp

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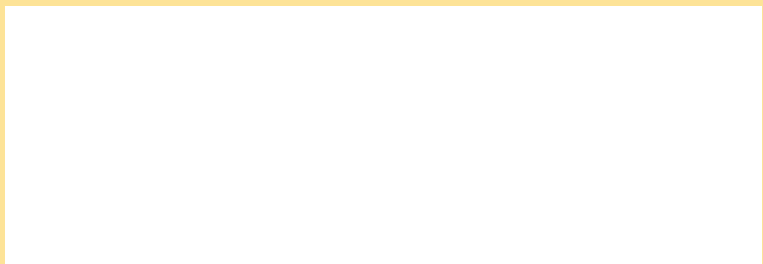
Name of doctor  Qualifications

Address

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Telephone no.

Signature  Date



Practice Stamp