

Reference

# Illness

Please answer each question as fully as possible and return this form to us.  
All 'Yes' or 'No' answers, tick box as appropriate.

## Policyholder

Name

Address

Postcode

Policy no.

Date premium paid

Telephone no: Home

Business

Occupation

Weight

Height

Date Of Birth

Business Address

Illness from which you are suffering

Have you ever suffered from the same or similar illness before?

Yes

No

If 'Yes' when and how often?

Are you entitled to claim compensation for this illness from any other Company?

Yes

No

If 'Yes', please advise the name of the Company and the amount of benefit payable

Date on which you first became totally incapacitated through the illness from attending to your usual business or occupation?

Date on which you were first attended to by your Doctor

Doctor's name

Particulars of incapacity:

Confined to bed by your Doctor

from

to

Confined to house by your Doctor

from

to

Not confined to house but totally incapacitated

from

to

Are you still confined to your house on Doctor's orders?

Yes

No

Are you able to attend to any part of your business or occupation?

Yes

No

If 'Yes', when you commenced to do so

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 of Claimant

Date



NFU Mutual

Please turn over

# Certificate of Claimant's Medical Attendant

**This Certificate is to be provided at the insured's expense**

Name of Claimant  Date of Birth

Nature of illness

Has the Claimant suffered from this illness before ? Yes  No

If 'Yes', when and how often?

The date upon which the illness commenced

The date the Claimant first consulted you in connection with this illness

Are you the Claimant's usual Medical Attendant? Yes  No

If 'Yes', how long have you known him/her?

Have you had to attend him/her for any serious illness? Yes  No

If 'Yes', give particulars

Has the Claimant been totally incapacitated as a result of his/her present illness from following his/her usual business or occupation:

Confined to bed from  to

Confined to house from  to

Otherwise totally incapacitated, although able to get about  
from  to

Details of the present condition

Is the Claimant suffering from any disease irrespective of his/her present illness or are there any circumstances which may tend to retard recovery? Yes  No

If 'Yes', the nature of the disease

Is the Claimant now confined to bed or house?

Probable duration of confinement to house from this date

Probable duration of incapacity to attend to business of any description thereafter

Is the Claimant now able to take any part in his/her business or occupation? Yes  No

If 'Yes', the date upon which he/she commenced to do

Signature  Qualification

Address  Date

Practice Stamp

## Data Protection Act Notice

The National Farmers Union Mutual Insurance Society Limited is the data controller and we may pass some or all of the medical information we obtain to other insurance companies to help make decisions about the provision and administration of your insurance or claim, to appointed solicitors and reinsurers, to regulatory or other organisations so that we can comply with our obligations and to databases and fraud prevention agencies (including the Claims and Underwriting Exchange Register and/or the Motor Insurance Anti Fraud and Theft Register) to prevent fraud and to validate your claims history. We can supply more information on request.

**Consent** (please read the Notice above carefully before signing this Consent)

I consent to NFU Mutual and /or its appointed solicitors:

- Obtaining full medical evidence relating to the illness which commenced on the [REDACTED]
- Obtaining all my GP's notes, Hospital Records and X rays.
- Disclosing my medical information to other insurance companies, regulatory organisations and fraud prevention agencies, for the purposes described in the Notice.

Signed (Claimant) [REDACTED]

Date [REDACTED]

**[www.nfmutual.co.uk](http://www.nfmutual.co.uk)**

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