



**PERSONAL ACCIDENT CLAIMANT'S STATEMENT**

PAC No :- .....

Policy No. :- .....  
Claim No. :- .....

(To be completed by the Policy Holder and return along with the Diagnosis Ticket and other Medical Reports)

1. Name in full  Address  Occupation  Telephone No.	
2. Date of Accident  Time  Place	
3. How did the accident happen?	
4. Description of injuries sustained (give parts of body affected)	
5. Name & Address of any witness of the accident.	
6. Have you, as the direct result of the accident been totally incapacitated?	

