



PERSONAL ACCIDENT AND ILLNESS CLAIM
MEDICAL CERTIFICATE

I,, a duly registered Medical Practitioner of (practice and address)

certify that

is suffering from

He/She first consulted me regarding this disability on day of 20.....

Details:

1. Origin of injury or illness as known
2. Commencement date of injury or illness
3. Are you aware of anything in the previous history of the claimant likely to be connected with the present disability?
4. Present condition (state clearly as possible)
5. Is the claimant suffering any injury or illness irrespective of his/her present disability or are here any other circumstances that may delay recovery?
6. In my opinion, the claimant has been
 - a. TOTALLY disabled from engaging in or attending to usual business or occupation or any portion thereof from to (*inclusive*)
 - b. PARTIALLY disabled from engaging in or attending to usual business or occupation or any portion thereof from to (*inclusive*)
7. It is expected TOTAL/PARTIAL disablement will continue to
8. If claimant now recovered, state date usual business or occupation can be/was resumed

ACCIDENT ONLY: I am of the opinion that the injuries are/are not properly attributable to the accident.

Signed Dated