



STATEMENT AND DECLARATION
DURING DISABLEMENT

CLAIM NUMBER

Insured Person Details:

Full Name

Address.....

.....

Age Telephone Occupation

Complete this section for an ACCIDENT:

1. Date of accident

2. Time

3. Place of accident

4. Describe fully what happened and what you were doing at the time

5. Describe nature and extent of injuries

.....

6. Were you perfectly free from any kind of disease or physical disability at the time of the accident?

.....

7. Give the name and address of witness or witnesses of the accident

.....

Complete this section for an ILLNESS:

8. On what date were you taken ill?

9. Describe the illness from which you are suffering

10. Have you ever suffered from the same or similar illness before? **YES / NO**

If so, state when: also the name of the medical practitioner who attended you

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Complete this section in all cases and request doctor complete Doctor's Certificate on this form:

- 11. When did you first obtain medical advice?
 - 12. Is the doctor still attending you? **YES/NO**
 If so, please provide their name and address
 - 13. On what date did you cease work?
 - 14. Are you necessarily confined to the house? **YES/NO**
 If not, on what date were you first able to get out of doors?
 - 15. Are you able to attend to any portion of your business affairs? **YES/NO**
 - 16. On what date do you estimate you will be able to resume the whole of your ordinary or similar occupation?

 - 17. Are you claiming or entitled to claim compensation from the Accident Compensation Commission or any company, society, organisation or other source? **YES/NO**
 If so, give particulars
- General Remarks?
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I do hereby declare the foregoing particulars to be true and correct.

Signed Dated

The declaration below must be completed by the claimant BEFORE the claim can be assessed.

RELEASE OF MEDICAL RECORDS DECLARATION

I,, hereby authorise any treatment provider to release any information in relation to my past or present medical condition to Wholesale Insurance Services, PO Box 10027, Wellington.

Signed Dated