



# Tugu Insurance Company Limited

44/F., Office Tower, Convention Plaza, 1 Harbour Road, Wanchai, Hong Kong. Tel.: (852)2824-2939 Fax: (852)2824-3070  
(Incorporated in Hong Kong)

## PERSONAL ACCIDENT AND SICKNESS CLAIM FORM

**NOTES : If the claimant is too ill to write, this form should be completed by the responsible person in charge of him.  
No claim can be considered without the properly completed medical certificate overleaf, furnished at the expense of the claimant.**

Full name of Insured		Policy / Coupon No.	
Address			
Tel. No.		Age	
Occupation		Height	
		Weight	

### IF ACCIDENT, PLEASE ALSO STATE -

Date and time of accident		Were you perfectly sober?	
Where did accident occur?			
How did it happen, and what were you doing at the time?			
Names and addresses of witnesses			

Details of injury/illness			
Have you previously suffered injury to the same part, or a similar illness?			
Date you were first totally incapacitated		Date of doctor's first attendance	
Name of doctor first attending			
Who is your usual doctor?			
For what previous injury or illness have you received medical attention?			
Please give full details with dates			

What occupations have you followed since the date of proposal for this insurance?			
Were you admitted to a hospital?		If YES, give	
a) Dates of confinement	From		To
b) Name and address of hospital			
c) Name and address of Doctor authorizing your admission			

Have you been prevented, on your doctor's advice, from engaging in work of any kind?			
If YES, give dates:	From	To	(State "continuing" if necessary)

Are you now capable of any kind of work?			
If YES, what work and from what date?			

Are you now capable of full work?		If YES, from what date?	
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Are you entitled to claim compensation for this accident / illness from any other insurer?			
If YES, give particulars			

**I declare that the particulars upon this form are true and complete.**

Date		Signature	
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## **MEDICAL CERTIFICATE**

*(Any fee for this certificate is chargeable to the claimant)*

Full name of Insured				
Date accident occurred / illness commenced				
Date of your first attendance		Are you still in attendance?		
Are you the claimant's usual medical attendant?				
If YES, how long have you known him?				
When and for what previous injuries and illnesses have you attended him?				
Full details of present injury/illness (if applicable, state "left" or "right")				
To what is the injury/illness directly attributable?				
If accident, have you any reason to believe the claimant was not sober, or was under the influence of drugs at the time?				
If notifiable illness, give date notified				
Is or was the claimant suffering from any other complaint which might have contributed to his present condition or might delay recovery?				
If so, please give details				
For how long has the claimant been -				
(a) totally incapable of any kind of work:	FROM		TO	
(b) able to perform part but not full work:	FROM		TO	
(c) confined in a hospital:	FROM		TO	
What is the claimant's present condition?				
Please state the probable further duration of incapacity -				
(a) totally incapable of any kind of work:				weeks
(b) able to perform part but not full work:				weeks
General remarks				
<b>Date</b>		<b>Signature</b>		
		<b>Qualifications</b>		
		<b>Address</b>		