

Afghan Global Insurance Personal Accident Claims Form



1. Policy Details:

Policyholder _____

Country _____

2. Insured Details

Name _____

Employee # _____

Sex _____

Date of Birth _____

Tel. No _____

Address _____

3. Claim Details:

a. Nature of Claim: (Please tick whichever is applicable)

- Death
- Permanent Disability
- Temporary Disability
- Accidental Medical Expenses
- Hospitalization – Accident Only

b. Date of Event: _____

c. Description of Event: _____

d. Amount Claimed: _____ Currency: _____

4. Medical Expenses/Hospital Benefits

Name of the patient (Claimant) _____

Date and place of accident _____

Nature of accident _____

Date of Admission _____

Date of Discharge _____

Has the claims ever seen a Doctor for this similar conditions in the past?

If yes, please give following details,

Date Name of doctor Address and Contact Details

- 1. _____
- 2. _____

Nature of Expenditure	To Whom Paid/Payable	Amount (USD)	Indicate if any bills are unpaid

5. Other Insurance

- a. Do you have any other insurance taken separately or provided by any other sources?
If yes, please provide the full details: _____

- b. Have you lodged any claim with other insurers or providers of Accident and Health insurance benefits? If yes, please provide the full details: _____

Authorization, Declaration and Documentation

Authorization:

I hereby authorize any physician, hospital, insurer, medical information bureau or other organization or person to provide any records, data or information holding on my behalf as may be requested by Afghan Global Insurance Company (Kabul, Afghanistan) or their duly authorized representative. I understand that in executing this authorization, I waive the right for such information to be privileged. A photocopy of authorization shall be considered as effective and valid as the original.

Declaration:

I hereby declare that the information provided hereunder is true & correct and understand that any wrong information provided is likely to render my claim paid/ payable void & recoverable from me.

Documentation:

I confirm that the documents ticked below are enclosed herewith. Further I declare that the documents are true copies of the originals, which are available with me for verification.

Date: _____

Name: _____

Signature: _____