garagesure
Consultants & Acceptances (Pty) Ltd

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Randpark Ridge
2156
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Randburg
2125
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COMPASS The Specialist Insurer

Authorized Financial Services Provider License Number: 4467

INJURY/ILLNESS CLAIM FORM

Broker Agent Name			
Policy Number			JHB
Insurred	Name of Business		
	Address and telephone numbers	Work	
		Cellular	
Insured person	Name and Age		
	Business or Occupation		
Relationship of insured person to insured	If employee give annual earnings defined in the policy		
	If other, specify relationship		
Injury / Illness	When and where did accident occur or illnesses commence?	Date	Place
	Give full particulars of the accident and nature of injuries or the name of the illness		
Witness	Names, Addresses and telephone numbers		
Doctor	Name and address of doctor who attended you		
	Name and address of your usual doctor		
Disablement	Period of temporary total displacement	From	To
	Period of temporary partial disablement	From	To
	Give date normal occupation resumed	Date	
	Has any permanent disablement rsulted? Give details		

The issue of this form is not an admission of Liability