

QUALITY INSURANCE COMPANY

Quality House - Accra



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✉ headoffice@qicghana.com

PERSONAL ACCIDENT CLAIM FORM

Name of Policy holder.....

Address.....

House No..... Tel. No.

DATE OF ACCIDENT..... TIME..... PLACE.....

HOW DID IT HAPPEN?.....

.....

.....

.....

WHAT INJURIES DID YOU SUSTAIN?.....

.....

HOW LONG HAVE YOU BEEN TEMPORARILY DISABLED?..... FROM..... TO.....

ARE YOU CLAIMING UNDER ANY OTHER POLICY FOR THIS ACCIDENT?.....

NOTE: KINDLY ATTACH A MEDICAL REPORT FORM A CERTIFIED DOCTOR

DECLARATION

I/we declare that the above answers are true and complete.

Date.....

Signature of Insured.....