NIC
NATIONAL INSURANCE COMPANY
Life & Pensions

ACCIDENT INDEMNITY POLICY CLAIM FORM

This Company is not liable for claim unless the accident is such that it confines the patient to home or prevents him/her from performing his/her duties. Otherwise, claim will be rejected.

PARTICULARS

Surname of Insured .....

Forenames of Insured .....

Address .....

Telephone No ..... Policy No ..... Dlp .....

CLAIM DETAILS

Nature of Injury.....

If part of the treatment has already been claimed for, please give the date of the previous claim .....

Attending Physician .....

Check List

Have you enclosed?

- ☐ Original Physician's Certificate regarding nature of injury, first day lost from work, date on which work is resumed and number of days confined to hospital (if applicable)
- ☐ Copy of Identity Card

DECLARATION

I hereby agree to the Company's conditions regarding this AIP policy and declare that the above statements are true and that I have not withheld any information connected with this claim. Furthermore, I hereby authorise any doctor, surgeon, medical practitioner, clinic and hospital to disclose to NIC any information regarding this claim.

Signature of Insured..... Date: .....

National Insurance Co. Ltd, NIC Centre, 217 Royal Road, Curepipe, Republic of Mauritius
Tel: (230) 602 3000 – Fax: (230) 670 3384 – Email: customerservice@nicl.mu – Website: www.nicl.mu – Business Registration Number: C15129641

TO BE COMPLETED BY SALES UNIT LEADER FOR COMPANY USE ONLY

Date of meeting with Insured ..... Nature of Injury .....

Comments:.....

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Signature .....

TO BE COMPLETED BY BENEFITS PROCESSING DEPARTMENT FOR COMPANY USE ONLY

First day lost from work ..... Date returned to work .....

Total days lost from work ..... Total days confined to hospital .....

Benefits Schedule..... Amount to be paid *(hospital confinement)* .....

Amount to be paid *(weekly indemnity)*..... Total Amount to be paid.....

Signature ..... Date .....

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