RENASA
INSURANCE COMPANY LIMITED

# PERSONAL ACCIDENT CLAIM FORM

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|---|---|---|---|---|
| **INSURER** | | | | |
| **CLAIM NO.** | | | | |
| **POLICY NUMBER** | | | | |
| **INSURED** | Claimant's Full Name | | | |
| | Telephone Number | | | |
| | Postal Address | | | |
| | Email Address | | | |
| **ACCIDENT** | Date of Accident | | | |
| | Place where accident occurred | | | |
| | State exactly how the accident occurred | | | |
| | Nature of Injury | | | |
| **PAYMENT METHOD** | Payment in favour of | | | |
| | Name of Bank | | Branch & Code | |
| | Name of Account Holder | | Account Number | |
| **DECLARATION** | I CERTIFY THAT THIS CLAIM IS RELATED SOLELY TO THE INJURY DESCRIBED HEREIN.<br><br>DATE SIGNED: _____ SIGNATURE OF INSURED: _____ | | | |
| **ATTACHMENTS** | Documents to be attached:<br>Medical Reports & Supporting Documents i.e. Payslip etc. | | | |