

**ALLIANCE INSURANCE COMPANY (PVT) LIMITED**

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**SCHOLARS PERSONAL ACCIDENT CLAIM FORM**

**PLEASE STATE AS FULLY AND AS ACCURATELY AS POSSIBLE THE INFORMATION ASKED FOR BELOW.  
ACCEPTANCE OF THIS FORM IS NOT AN ADMISSION OF LIABILITY**

N.B. BOTH CLAIM FORM AND DOCTOR'S CERTIFICATE TO BE COMPLETED AND RETURNED IMMEDIATELY

**INSURED:** Name ..... Address .....  
Telephone No. Home ..... Business.....

**\*SHOULD THE COMPANY BE LIABLE TO SETTLE THIS CLAIM PLEASE TICK THE APPLICABLE**

- 1. DEPOSIT CHEQUE INTO: BANK..... ACCOUNT NO..... BRANCH .....
- 2. SEND CHEQUE VIA MY BROKERS

1. The Accident. Date ..... Time ..... a.m. .... p.m.  
Place .....  
Description .....

2. Names & Addresses of Witnesses .....

3. Particulars of injuries .....

4. Name and address of doctor in attendance .....

5. How long have you been totally or partially disabled from work as a result of your injuries?  
Totally From ..... To ..... Partially From ..... To .....

6. How long have you been confined to:  
Hospital? From ..... To .....  
House? From ..... To .....

7. When do you expect to be fit to resume your occupation? .....

8. Are you claiming under any other insurance? ..... If so please give particulars .....

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

If the Insured is unable to attend to this form, it should be completed on his behalf.

**DOCTOR'S CERTIFICATE**

- 1. Name of patient .....

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- 2. When did he first consult you about this accident? .....

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- 3. Are you still in attendance? .....

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- 4. Are you his usual doctor? .....

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- 5. State nature of injury and how sustained .....

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- 6. Is his condition due solely to the accident? .....

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- 7. Please state whether his condition is complicated by illness or disease and whether he has any physical infirmity .....

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- 8. Is he totally incapacitated from attending to any part of his occupation?

  - (a) Date of commencement .....
  - (b) Probable duration from date of this certificate .....
  - (c) If total incapacity has ceased, date of cessation .....

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- 9. If he is only partially incapacitated in the sense that he is unable to attend to a substantial and essential part of his occupation?

  - (a) Date of commencement .....
  - (b) Probable duration from date of this certificate .....
  - (c) If partial incapacity has ceased, date of cessation .....

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- 10. Is he on your advice confined to the house or hospital? .....

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- 11. General remarks: .....

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Signature .....

(+ Official Stamp)

Qualifications .....

Address .....

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Date .....