

GENERAL PERSONAL ACCIDENT FORM

Important:

The issue of this form does not imply an admission of liability by the Company.
Stokvel/Stokvel Member is responsible for the payment of any fees in connection with the completion of this form. A claim can be considered only on receipt of a fully completed form and the following supplementary documents:

AAH/AHPM P/000245030

Stokfella

Stokvel Member Details

Surname: _____

Full first names: _____

ID Number: _____ Date of birth: _____

Contact number: _____ Email address: _____

Particulars of the Accident

Date of the accident: _____ Time of the accident: _____

Place of the accident: _____

Details of how the accident occurred:

Name of the police station where the accident was reported: _____

Police case number: _____

Was bodily injury sustained? _____ Death? _____

Is this condition/death solely caused by the above accident? _____

Was there any pre-existing condition that contributed to this condition? _____

Death

Date of death: _____ Cause of death: _____

Please provide Post Mortem Report and Death Certificate in support of death.

Medical Attendant's Report (In the event of bodily injury resulting in Permanent Disability)

Particulars of medical facility and treating medical practitioner

Health facility name: _____

Health facility contact number: _____

Attending medical practitioner

Name: _____ Surname: _____

HPCSA number: _____ Contact number: _____

Email address: _____

Signature: _____ Health facility stamp: Date: _____

Diagnosis:

Details of injuries
sustained:

Date and cause of
injuries sustained:

Treatment? _____

Investigations done: _____

Were all injuries as a result of the above reported accident? _____

Has the patient suffered from this condition or related condition before? _____

Permanent and Total Disability

Any indication of Permanent Disability? _____

If Yes, specify the body
part and impairment: _____

Is there loss of use of a body part or limb due to the above accident? _____

Please explain: _____

Declaration

I hereby declare and warrant that the information given in this form is in every respect complete and true.

I agree that this consent shall remain in force at all times, and that a copy of this declaration shall be accepted as the original.

Protection of Personal Information

We care about your privacy. In order to provide you with our service, we and our service providers have to process the personal information you provide us with by completing this document. We will treat this information with caution and we have put reasonable security measures in place to protect it.

Signature: _____

Date: _____

Capacity: _____

