CBZ Insurance Company (Private) Limited

5th Floor, North wing, Beverly Court, 100 Nelson Mandela Avenue
P O Box 3313, Harare, Zimbabwe
Phone: +263 -4- 799234 -9, Fax:+263 -4- 735417
Email cbzinsurance@cbz.co.zw

HCP ACCIDENT AND SICKNESS CLAIM FORM

NOTE: If the claimant is unable to complete this form a member of his family or a friend may fill in on his/her behalf.

Name Of Claimant: …… Age: …… Policy No. :……

Business/Occupation: …… Tel No.: ……. (W) ……..……(H)

Address: ……..…….

Period of Hospitalisation:

Name of Patient: ……

Relationship to policyholder: ……

I have been hospitalised for: ……..… Days, From: …….. till: ……..

Names and Addresses of Witness: …….

……

……

SICKNESS: In the case of Sickness or Disease state: -

(a) Nature of Sickness or disease: -……..

(b) Date of Commencement:……..…….

(c) Date when you were first unable to attend to your business in any way:…….

.

(d) Are you now attending to your business? If so state from what date.

(e) Have you ever had a previous attack of the disease or sickness from which you are now suffering. If so, give details with approximate date(s) & period(s) of incapacity

……

……

(f) State name and address of doctor who first attended to you. Is he/she your usual Medical Attendant?

……

……

(g) Are you insured against accidents disease or sickness with any other company. If so give details:-

……

(h) Have you ever previously made a Claim for Accident, disease or sickness? If so, please give details

……

Attach Medical Report

MOTOR VEHICLE ACCIDENT:

Vehicle Make: …… Reg. No: ……...

Registered Owner Of vehicle: …… Driver: ……..…….

Address: …… ……..……..

…… ……..……..

…… ……

Detailed Account of Accident:

……

……

……

……

……

……

DECLARATION:

I understand that if necessary, CBZ Insurance have a right to access my Medical records in order to proceed with assessment of the claim. I hereby declare that the above statements are true in every respect and are made without reservation.

Name In Full: ……..……. Designation: ……..

Signature: ……..……. Date: ……..……..……..

IF FUNDS ARE TO BE TRANSFERRED DIRECTLY INTO AN ACCOUNT STATE:

Bank Name: …… Branch:……Acc Name: …… Acc. No. ……..