

Botswana Insurance Company Limited

GABORONE OFFICE
P.O. Box 715 Gaborone, Botswana.
The St Paul House,
Plot 50372, Gaborone Business Park,
Gaborone Show Grounds,
GABORONE.
Tel: (267) 3600 500,
Fax: (267) 372 867.

The St Paul

A member of The St. Paul Group
Minnesota, USA

FRANCISTOWN OFFICE
Botswana Insurance House
Plot No. 13993/5
P.O. Box 451
FRANCISTOWN
TEL: (0267) 213623
FAX: (0267) 212291

PERSONAL ACCIDENT CLAIM FORM

N.B. to be completed and returned immediately with a Certificate from the injured person's doctor

1. Policy Number

Name of Policyholder (in full).....

Address in (full).....

.....

Description of business

2. Name of injured person (in full)

Age Address (in full)

.....

Occupation

Please state amount of salary or wages paid to injured person for twelve months prior to the accident

.....

3. Accident: Date Time h.....

Place.....

State how accident occurred

.....

.....

4. Did the accident happen while the injured person was engaged in your business?

.....

5. Please describe injuries.....

.....

6. Name and address of doctor attending injured person.....

.....

7. Date injured person ceased work

When do you expect him to resume work?

SIGNED:

DATE

INSURED:
