

Botswana Insurance Company Limited

GABORONE OFFICE
P.O. Box 715 Gaborone, Botswana
BIC House
Plot 50372, Gaborone Business Park,
Gaborone Show Grounds,
GABORONE
Tel: (267) 3600 500,
Fax: (267) 3972 867

FRANCISTOWN OFFICE
Botswana Insurance House
Plot No. 13993/5
P.O. Box 451
FRANCISTOWN
TEL: (0267) 2413 623
FAX: (0267) 2412 291

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?.....

Kingsley & Associates Tel: 39044850 Ref: BO1461

SIGNED:

INSURED:

DATE