NECO INSURANCE LTD

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This form is issued without admission of liability, and must be completed and returned within seven day after its receipt. No claim can be admitted unless a medical overleaf be furnished at the expense of the Claimant.

Claim No:	Policy No:
1. Name in Full:	Present Age:
Residence:	Years:
Business Address:	Height: ft..... in..... Wt: Kg.....
Permanent Business or Occupation. If more than one state all.	
2. (a) When did accident occur? State day, date and hour. (b) Where did it occur ? (c) Give full particulars of the cause and the injuries sustained	(a) (b) (c)
3. Give name and address of the witness of the accident.	
4. (a) Give name and address of the Doctors who attended you. (b) Name and address of your Ordinary Medical Attendant	(a) (b)
5. State Where and when a Medical or other Officer of the Company can visit you, if necessary.	

6. (a) State the number of days you have been necessarily and entirely confined to Bed Room or House as the sole and direct result of the injuries sustained. (b) If still confined to any, state which (c) Have you in any way attended to business or work during the above period. (d) Have you been able to attend to any Portion of your business or occupation and if so, from what date ?	TO BED OR ROOM for_____days from _____ to _____ (Both inclusive) (b) (c) (d)	TO HOUSE for_____days from _____ to _____ (Both inclusive)
7. Have you previously claimed or received compensation under an Accident and/or Sickness Policy? If so, please give Particulars.		
8. (a) Are you insured elsewhere? (b) If so, give the name of each Company or insurer and amount you are entitled to claim.	(a) (b)	
9. Any further remarks:		

I HEREBY DECLARE that I have received the injuries above described, and warrant the truth of the foregoing particulars in every respect, and I agree that I have made, or if shall make false or untrue statement, suppression or concealment my right to compensation shall be absolutely forfeited.

I Claim to be paid sum of per week, or the total sum of _____

Dated _____ Signature _____