



Reef Insurance Brokers (Pty) Ltd
Reg No 1983/012774/07 | VAT No 4920108786
Reef House, Cnr Mowbray & Bunyan St, Benoni, 1501
PO Box 1558, Benoni, 1500

INJURY | ILLNESS CLAIM FORM

INSURER DETAILS

Name of Insurer _____ Policy Number _____

INSURED DETAILS

Name of Insured _____ Occupation _____

Physical Address _____
_____ Code _____

Contact Number _____ Cellphone Number _____

INSURED PERSON

Name of Insured _____ Age of Insured _____

Business|Occupation _____ Contact Number _____

Physical Address _____
_____ Code _____

If employee, give annual earnings defined in the policy _____

If other, specify relationship _____

INJURY | ILLNESS DETAILS

Date Injury|Illness Occured _____ Time Injury|Illness Occured _____

Place Injury|Illness Occured _____

Give full particulars of Injury|Illness _____

Witness Name and Address _____

Attending Doctor's Name & Address _____

Usual Doctor's Name & Address _____

DISABLEMENT

Period of Temporary Total Disablement _____

Period of Temporary Partial Disablement _____

Date Normal Occupation Resumed _____

Has any permanent Disablement Resulted? _____

PREVIOUS CLAIMS

Give details of all claims made against Insurers or in Terms of the WCA by the Insured Person. Compensation for Occupational Injuries and Diseases Act No.150 of 1993.

DECLARATION | AUTHORISATION

I/We declare that the above particulars are true in every respect.

Insured's Signature _____ Capacity _____ Date _____