

PERSONAL ACCIDENT CLAIM FORM SCHOOLS

Please complete all fields below; print, sign and e-mail the completed claim form to your Marsh contact person.

SCHOOL/INSURED		CONTACT PERSON (at school)	
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CONTACT NO (office hours)		DATE OF INCIDENT REPORTED	
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CLAIMANT'S FULL NAME		AGE		SCHOOL GRADE	
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FULL NAME OF PUPIL'S FATHER OR GUARDIAN

TELEPHONE NUMBER		EMAIL ADDRESS	
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DATE OF ACCIDENT		PLACE WHERE ACCIDENT OCCURED	
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BRIEF DESCRIPTION OF CIRCUMSTANCES

NATURE OF INJURY

ATHLETIC	BASKETBALL	CANOE/ROW	CRICKET	CYCLING
CROSS COUNTRY	HOCKEY	RUGBY	SOCCER	SQUASH
SWIMMING	TENNIS	WATERPOLO	OTHER	

SIGNATURE OF PRINCIPAL

DATE OF SUBMISSION OF CLAIM

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DOCUMENTATION ATTACHED

DOCTORS CERTIFICATE INVOICE OTHER

BANKING DETAILS (For claim reimbursement if not the school)

NAME OF PARENT/GUARDIAN/ACCOUNT HOLDER	
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BANK NAME		BRANCH CODE		ACCOUNT NUMBER	
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AUTHORISED SIGNATORY'S SIGNATURE

DATE

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