



## B. Claim Details

1. Which Trauma/condition are you claiming for? (Please give us as many details as you can)


2. When did you first notice symptoms?

Please describe these symptoms below.


3. Have you ever suffered from this condition or related condition(s) before? ..... Yes  No

If 'yes' please provide details.

Dates	Specific Details

4. a. Please advise the date you were first treated for this condition.

b. Please advise the name, address and phone number of the doctor you consulted.


c. If this is not your usual doctor please give the name, address and phone number of your usual doctor.


5. Please give details of all treatment you have received for your condition (e.g. x-rays, blood tests, ECG's, biopsies, etc)

Dates	Treatment	Doctor

6. Have you seen any other doctors about your condition? ..... Yes  No

If 'yes' please give names and addresses.

Doctor	Address

7. Have you lodged, or are you intending to lodge, any claims with any other insurers for your condition? (eg medical, health, etc) ..... Yes  No

If 'yes' please provide details.




## Additional Information