

# 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