

Personal Accident Claim Form (Loss of Income)

Use this **personal accident claim form sample** to accurately document your loss of income following an injury. It provides a clear and concise format to help you submit your claim efficiently. Ensure all relevant details are included to support your compensation request.

1. Personal Details

Full Name:	<input type="text"/>
Address:	<input type="text"/>
Contact Number:	<input type="text"/>
Policy Number:	<input type="text"/>

2. Incident Details

Date of Incident:	<input type="text"/>
Description of Incident:	<input type="text"/>

3. Medical Information

Nature of Injury:	<input type="text"/>
Attending Doctor:	<input type="text"/>
Hospital/Clinic:	<input type="text"/>
Period of Treatment (From - To):	<input type="text"/>

4. Employment & Loss of Income Details

Employer Name:	<input type="text"/>
Occupation:	<input type="text"/>
Monthly Income:	<input type="text"/>
Period Absent from Work (From - To):	<input type="text"/>
Total Loss of Income (Amount & Calculation):	<input type="text"/>

Supporting Documents (Attach medical certificate, payslips, employer's letter, etc.):

Choose FileNo file selected

5. Declaration

I hereby certify that the information provided above is accurate and complete to the best of my knowledge.

Claimant's Signature:	<input type="text"/>
Date:	<input type="text"/>

Submit Claim