

Accidental Fracture Plus

The accidental fracture claim must be submitted within 90 days of the accident. It must also be accompanied by the insured's birth certificate and a copy of the X-ray reports or any other form of medical imaging that confirms the fracture. The claimant is responsible for having this form completed and for any related charges.

A. Claimant's Statement

A. Identification

First name: _____ Last name: _____ Policy number: _____

Address: _____

Date of birth (DD/MM/YYYY): ____/____/____ Telephone - Home: _____ Cell.: _____

Relationship to claimant: same person spouse child If the child is between 18 and 25 years of age, provide proof that he/she is attending a recognized learning institution as a full-time student.

B. Accident

Date of accident (DD/MM/YYYY): ____/____/____ Location of accident: _____

Description of accident: _____

If the injury is the result of a motor vehicle accident, was the insured the driver? Yes No

Provide the name of the investigating police officer along with the address of his/her detachment.

If the injury is the result of a work accident, was an application for benefits made to a Workers' Compensation or other similar plan? Yes No

C. Declaration and Authorization

I, authorize Assumption Life, in the assessment of my claim, to obtain the necessary information from individuals or organizations holding personal information about me, including other insurance companies, financial institutions, physicians, medical institutions and healthcare providers, employers or group insurance plan administrators, agents, representatives or brokers and all persons or organizations who may have personal information regarding my claim.

Furthermore, I authorize Assumption Life to provide necessary personal information about me to the abovementioned individuals and organizations or to exchange this information with them

I confirm that a photocopy or electronic version of this authorization has the same value as the original.

Claimant's signature: _____ Date: _____

B. Attending Physician's Statement

Bone(s) fractured*: _____ Date diagnosed: (DD/MM/YYYY) ____/____/____

*Provide a copy of X-ray reports or of any other form of medical imaging that confirms the fracture.

To your knowledge, does the patient suffer from a medical condition that contributed fully or in part to this fracture? Yes No

If yes, provide details: _____

Name of attending physician (in block letters) _____ Address _____

Telephone _____ Signature _____ Date _____