Declaration in case of dismemberment or loss of use

Claimant's statement

Last name of insured:

First name of insured:

Date of birth: day / month / year

Policy number:

Address: (number and street) (apt.)

City:

Province:

Postal Code:

Home phone number:

Cellular number:

Email address:

Please indicate the site of amputation

Limb loss

Right arm — Date day / month / year

Right leg — Date day / month / year

Left leg — Date day / month / year

Left arm — Date day / month / year

Right hand (dorsal view)

Right foot

4300-035-en
2018/06

It is important to answer every question

1- Provide: a) The date of the accident: ☐☐ / ☐☐ / ☐☐☐☐ (day / month / year) b) The time: At ______ hours ☐ A.M. ☐ P.M.

2- Place of the accident (specify if possible the civic address and indicate if it is a residence, a public building, a road, a construction site, etc.)

3- In what activity were you engaged in when the accident occured?

4- Provide the details of the accident (how did it occur?).

5- Was there a police report? ☐ Yes ☐ No **If yes**, please attach a copy.

6- If it is a road accident, a claim for damages was made with a public or private insurer? ☐ Yes ☐ No

If yes, please specify: Name of the insurer

Folder number (if known)

Names of witnesses

7- Provide the name(s) of the attending physician(s)?

Name of the physician or the hospital	Address	Date of admission	Discharge date

8- What mutilation(s) did you suffer(s) ? (Please attach the operative protocol and/or the radiological protocol)

9- Date of 1st treatment by a physician for this incident ☐☐ / ☐☐ / ☐☐☐☐ (day / month / year)

10- Was there any disability or infirmity prior to the accident? ☐ Yes ☐ No **If yes**, please provide details.

I authorize all physicians that have treated me or any hospital where I have stayed to provide Humania Assurance Inc. with any information it requires regarding my health or the accident described above.

Dated ______________________ , ______________________ 20 ______

Witness

Claimant

Humania Assurance Inc., 1555, Girouard Street West, Saint-Hyacinthe (Quebec) J2S 2Z6
Toll free: 1 877 987-3076 | Fax: 1 877 660-2519 | Email: claims@humania.ca