



Middlesea Insurance p.l.c.

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MEDICAL CERTIFICATE

1. Name and address of injured person _____
_____ Age last birthday _____
2. To your knowledge how was the injury caused? _____

3. Please describe fully the nature of injuries sustained (indicating whether left or right in the case of an eye or limb)

4. Are the symptoms from which the Insured Person suffers due solely to the injury? _____
5. When were you first consulted regarding the injury? _____
6. Are you still in attendance? _____
7. Are you the usual medical attendant of the injured person? _____
If so for how long have you known him? _____
8. Is he suffering from any illness or physical defect in addition to the injury? _____
If so to what extent will his recovery be delayed? _____
9. Please indicate whether, on your advice, the injured person is, or has been:
(a) Confined to bed From _____ To _____
(b) Confined to home From _____ To _____
(c) Able to leave his home but unable to work From _____ To _____
10. If the injured person is unable to attend to any part of his occupation please state:
(a) Date disablement commenced _____
(b) Probable duration _____
11. If he is able to attend to any part of his occupation please state:
(a) Date partial disablement commenced _____
(b) Probable duration _____
(c) The nature of the duties he is able to carry out _____

12. On what date did you certify the injured person as recovered and able to resume his occupation? _____
13. Additional Remarks.

IMPORTANT NOTE:

Insurers, their Agents and Insurance Associations share information with each other to prevent fraudulent claims and for underwriting purposes. In the event of a claim, some or all of the information you supply on this form and the proposal form together with other information relating to the claim may be provided to other Insurers, their Agents and Insurance Associations.

Name _____ Signature _____
Address _____ Date _____
