



- 6) a) How long have you been totally incapacitated from attending to your job? From \_\_\_\_\_ To \_\_\_\_\_  
 b) How long have you been partially incapacitated in the sense of being prevented from attending to a substantial and essential part of your occupation? From \_\_\_\_\_ To \_\_\_\_\_

7) Please provide name, address and policy number of any Insurers concerned with this accident.

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**STATEMENT OF INJURED PARTY’S EARNINGS**

Statement of injured party’s monthly earning while in the employment of \_\_\_\_\_ in each month during the 12 months’ prior to the date of accident or during any period of employed. If absent from work, please state reason for absence.

**PLEASE GIVE PARTICULARS**

Month Ending	WAGES & BONUS	Month Ending	WAGES & BONUS	Month Ending	WAGES & BONUS
		Brought forward		Brought forward	
1		5		9	
2		6		10	
3		7		11	
4		8		12	
Carried forward (N)		Carried forward (N)		Total Wages earned	

State the Monthly value of any allowances i.e. Food, Fuel, or Housing allowed to the Injured Party: N \_\_\_\_\_

**DECLARATION**

1. I/We declare to the best of my/our knowledge and belief that the information given on this form is true in every respect and agree that if I/we have made any false or fraudulent statement, be it suppression or concealment, the policy shall be cancelled and the claim shall be forfeited.
2. I/We agree to provide additional information to **NEM Insurance**, if required.
3. I/We agree to submit all required and requested for documents and **NEM Insurance** shall not be held responsible for any delay in settlement of claim due to non-fulfillment of requirements.

Signature of policyholder
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Date	D	D	M	M	Y	Y	Y	Y
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***NEM Insurance Plc. reserves the right to refute any fraudulent claims***

**CLAIMS PROCEDURE (Please read carefully to understand the claim process)**

- NEM Insurance should be notified immediately.
- NEM Insurance may ask for additional documents and /or clarification if any, depending on the requirement of the claim.

*For claims status enquiries, you may contact us on 01 448 9570*

