



Insurance

**GAN Assurances**

26/F., Asia Orient Tower, Town Place, 33 Lockhart Road, Hong Kong  
Tel : (852) 2530 0288  
Fax : (852) 2877 4281  
Web Site : www.groupama.com.hk

**NOTICE OF CLAIM UNDER MEDICAL AND SURGICAL BENEFITS POLICY**  
( *The issue of this form constitutes no admission of liability* )

INSURED: \_\_\_\_\_

POLICY NO. \_\_\_\_\_

CLAIMANT: \_\_\_\_\_

EXPIRES ON: \_\_\_\_\_

**PLEASE NOTE: INFORMATION BELOW TO BE COMPLETED BY MEDICAL DOCTOR**

1	Nature of illness or condition giving rise to the claim
2.a.	When and where did symptoms of this first appear ?
b.	Is condition chronic or likely to reoccur ?
3	Name and address of medical attendant, to whom the Company may apply for any further information.
4	Has the patient previously suffered from, or been affected by, this illness or condition ?

I hereby declare that no material information nor circumstances touching my Patient's illness/condition has been withheld; and I warrant the foregoing statements to be true in every respect.

Date.....

Signed by Dr. ....

Signed by Claimant .....