Prime Asset Cover

The Policy that protects You - The Prime Asset in your business

Reg. No. CK 1992/026005/23

MUST BE FULLY COMPLETED BY THE RELEVANT HOSPITAL AUTHORITY AND NOT THE CLAIMANT!

HOSPITAL PLAN - Hospital Verification Form

FORM PA-Hospital-Plan

POLICY NUMBER: TYPE:

BROKER / AGENT:

I / We declare that according to our records Mr / Ms

ID NO.

Was hospitalised FROM: D D M M Y Y Y Y TO: D D M M Y Y Y Y

Name of Hospital:

As a result of:

NAME

CAPACITY

DATE D D M M Y Y Y Y

SIGNED

AUTHORISED STAMP OF HOSPITAL

NOTES / REMARKS

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