

**AIG EUROPE S.A.**

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**Employed Claimant's Certificate**



Claim No: \_\_\_\_\_

(1) Name of Claimant: \_\_\_\_\_

(2) Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Tel & Fax No: \_\_\_\_\_ E-mail \_\_\_\_\_

(3) Claimant's Job Title: \_\_\_\_\_

(4) Description of Claimants Normal Duties: \_\_\_\_\_

(5) Date Employment Commenced: \_\_\_\_\_

(6) Is the Employee Part Time? Yes \_\_\_\_\_ No: \_\_\_\_\_ If yes, please state weekly hours \_\_\_\_\_

(7) Reason for absence from work: \_\_\_\_\_

(8) As far as you are concerned, is the claimant's absence from work solely due to the reason given in Q7 above?

If not, please give details \_\_\_\_\_

(9) Are there any lighter duties available for the claimant? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please advise whether they were offered to the claimant?

(9) Date claimant first ceased duties \_\_\_\_\_

(10) Date claimant returned to partial duties \_\_\_\_\_

(11) Date claimant returned to full duties \_\_\_\_\_

(12) Gross weekly earnings for the 26 weeks prior to the claimant ceasing duties: \_\_\_\_\_

(13) Is the claimant currently receiving a wage whilst unfit for work? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes please confirm the exact amount he is receiving on a monthly/weekly basis.

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