



Aviation & Marine Underwriting Agency Limited
trading as

WHOLESALE INSURANCE SERVICES

for personal product lines

**PERSONAL ACCIDENT AND ILLNESS
FOLLOW UP MEDICAL CERTIFICATE**

I,

as a registered Medical Practitioner of (Practice)

.....

certify that (name of claimant)

requires ongoing treatment for:

injuries caused by

or

illness (Please state)

1. Present condition (state clearly as possible)

.....

2. Is the claimant suffering any injury or illness irrespective of his/her present disability or are here any other circumstances that may delay recovery?

.....

3. It is expected TOTAL/PARTIAL disablement will continue to

.....

4. If claimant now recovered, state date usual business or occupation can be/was resumed

Signed Dated

Practice (Stamp)

AVIATION & MARINE UNDERWRITING AGENCY LIMITED

Trading As **WHOLESALE INSURANCE SERVICES**

P.O. BOX 74 344, GREENLANE, AUCKLAND 1546

PHONE: 0800 622 7747

FACSIMILE: (09) 377 8208

EMAIL: healthadmin@gbtpa.co.nz

WEBSITE: www.aviationmarine.co.nz