



Claim Form (Personal Accident)

1. The attending doctor should complete the medical certificate with minimum delay
2. In addition to this claim form, please submit the following
 - Original medical receipts
 - Copies of payslip for the month preceeding the accident
 - Copies of payslip for 12 months preceeding the date of the accident where there are other items other than basic pay and house allowance on the payslip that are of constant nature
- 3 All questions on this form must be answered fully and clearly

REMEMBER: Incomplete answers will lead to delayed processing of your claim.

Insured's Details

Full Name _____
Last Middle First

Policy Number _____

Date of payment of last premium _____

Address _____ Telephone _____

Email _____ Fax _____

Business or Occupation _____

V.A.T. registration No. _____

PIN No. _____

Claimant's Details

Claimants Name (if different from insured) _____

Address _____ Age _____ Height _____ Weight _____

Occupation/Business _____

Position/Employer _____

Current Pay (Total) Kshs _____ Per day/week/month

Basic Pay _____ Allowances _____

Accident Details

Date of Accident _____ Time _____ Place _____

1. Please give details of accident, stating how exactly it occurred _____

Were you engaged in your occupation when the accident happened Yes No

Were there eyewitnesses to the accident Yes No

Witness _____ Contact _____

Witness _____ Contact _____

Witness _____ Contact _____

What injuries did you sustain? _____

Who is your attending doctor _____

Where are his offices _____

Is this your usual doctor? Yes No

How long have you been totally unable to attend work? From _____ To _____

How long have you been partially able to attend work? From _____ To _____

Are you entitled to claim benefits under any other insurance policy, society or club? If so, please give details amounts of such benefits, policy number and insurer.

Notes for the insured

Any fee for the medical certificate is payable by the insured.

The claimant may be required to attend a medical examination at the company's expense

Declaration

I, the above named applicant, declare that all the statements made above are complete and true to the best of my knowledge and belief.

Signature _____ Date _____

Name: _____ Title _____

Company stamp _____

Medical Certificate (to be filled by doctor)

Any fee for this certificate is payable by the insured.

Total temporary disablement occurs when the patient is wholly unable to attend to all duties related to their profession or occupation because of the injury.

Partial temporary disablement begins when the patient is able to attend to any portion, but not all, of the occupation. When answering below, please consider if the patient is totally or partially disabled.

Are you the patient's usual Medical attendant?

Yes No

How long have you known him? _____

Please give details of injuries.

When did you first attend the claimant for the current injuries? _____

Do the injuries seem consistent with the description of accident given by the insured?

Yes No

How long has the patient been totally disabled? From _____ To _____

How long has the patient been partially disabled? From _____ To _____

Has the patient any disease, disability or physical defect currently, apart from the effects of this accident? Yes No

If so, please give details _____

If he has, to what extent, in your opinion; (i) Was the accident attribute to it? _____

(ii) Is recovery retarded by it?

Based on the scale overleaf only, do you consider that the patient has suffered any permanent disability? Yes No

If so, indicate the percentage applicable _____ %

Name _____

Qualifications _____

Address _____

Telephone _____ Fax _____

Email _____

Doctor's Signature _____ Doctor's Stamp

Date _____

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Table of Permanent Disability

Total permanent loss of use of member shall be treated as loss of member.

The percentage of incapacity for ankylosis of any joint shall be reckoned as from 25 to 100 percent of the incapacity for loss of the part of that joint, according to whether the joint is ankylosed in a favourable or unfavourable position.

100%

loss of two limbs	loss of arm at shoulder
loss of both hands	loss of arm between elbow and shoulder
loss of all fingers and both thumbs	loss of arm at elbow
Total loss of sight of both eyes	loss of arm between wrist and elbow
loss of whole eye	loss of hand at wrist
Total paralysis	loss of leg at hip
Injury resulting in being permanently bedridden	loss of leg between knee and hip
Any other Injury causing permanent total disablement	loss of leg below knee

50% —99%

loss of hearing in both ears	75%
loss of four fingers and thumb of one hand	50%
loss of sight except perception of light	50%
loss of lens	50%

10% —49%

loss of four fingers	40%
loss of both phalanges of thumb	25%
loss of all toes	15%
Loss of hearing in one ear	15%
loss of one phalanx of thumb	10%
loss of three phalanges of index finger	10%

0% — 10%

loss of two phalanges of index finger	8%	loss of two phalanges of little finger	3%
loss of three phalanges of middle finger	6%	loss of first or second metacarpals	3%
loss of three phalanges of ring finger	5%	loss of one phalanx of middle finger	2%
loss of both phalanges on great toe	5%	loss of one phalanx of ring finger	2%
loss of one phalanx of index finger	4%	loss of one phalanx of little finger	2%
loss of two phalanges of middle finger	4%	loss of third or fourth metacarpals	2%
loss of two phalanges of ring finger	4%	loss of one phalanx of great toe	2%
loss of three phalanges of little finger	4%	loss of more than one toe, each	1%

Definitions

LOSS OF EYE shall mean total and irrecoverable loss of all sight rendering the insured person absolutely blind in that eye beyond remedy by surgical or other treatment.

LOSS OF LIMB shall mean total loss by physical severance of hand or foot.

PERMANENT TOTAL DISABLEMENT shall mean absolute ' -disablement from engaging in or giving attention to the insured person's ordinary profession or occupation.

TEMPORARY TOTAL DISABLEMENT shall mean disablement from engaging in or giving attention to any portion of the Insured person's ordinary profession or occupation.

MEDICAL EXPENSES shall mean the cost of medical surgical or other remedial attention treatment or appliances given or prescribed by a qualified medical practitioner.

In the case of Permanent Disability not specified in this table, assess in accordance with the degree of disablement by referring to the percentages indicated above without taking into account the occupation of the patient.

We would also like to have your bank details in the format below to facilitate bank transfer payment upon approval of your claim

Bank name: _____

Account name: _____

Account no.: _____

Branch: _____

Bank Swift Code: _____

Bank Sort Code: _____