PERSONAL ACCIDENT

CLAIM FORM

JUBILEE GENERAL INSURANCE LIMITED
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DIRECTIONS:

- All questions must be answered in full, in BLOCK letters, in the Claimant's own handwriting or to his diction; if unable to reply personally, this form may be filled in on behalf of the Claimant.
- Ensure that both the Claim Form and the Medical Certificate are properly completed.
- Supporting documents or copies thereof plus original medical bills incurred, if any, must be submitted with the Claim Form
- The issuing of this form is not to be taken as an admission of liability by the insurers.

CLAIM NO. **BROKER'S / AGENT'S REF. NO.**

POLICY NO.

Name of Insured *in full*

Name of Claimant *in full*

ID/Certificate of Incorporation   PIN No.

Postal address   Postal code

Telephone - Office   House   Mobile

Email

Occupation

Date of birth *(DD/MM/YY)*

Date of payment of last Premium *(DD/MM/YY)*

Date of accident *(DD/MM/YY)*   Time *(am/pm)*

Where did the accident occur?

Describe fully how the accident happened

Give the name, address and occupation of a witness of the accident

Name

Address

Occupation

Describe the nature and extent of the injuries you have received and attach a medical report, if available.

Give names and addresses of the doctor and hospitals who have attended to you for these injuries

State the number of days you have been ENTIRELY confined to your bed, room or house.

To bed for [ ] days from [(DD/MM/YY)] to [(DD/MM/YY)]

To room for [ ] days from [(DD/MM/YY)] to [(DD/MM/YY)]

To house for [ ] days from [(DD/MM/YY)] to [(DD/MM/YY)]

If you are still confined to your bed, room or house state which _____

State the extent and duration of your inability to attend to your business or occupation

I have been disabled:

PARTIALLY for [ ] days from [(DD/MM/YY)] to [(DD/MM/YY)]

WHOLLY for [ ] days from [(DD/MM/YY)] to [(DD/MM/YY)]

I am now: *Wholly Disabled* ☐   *Partially disabled* ☐   *Not at all disabled* ☐

If still disabled, state how much longer the disability is likely to continue

Have you since the accident personally directed or supervised or given any attention whatsoever to any part of your business or occupation?

If so, give full particulars and dates

Are you entitled to receive compensation from any other company or other source?

If so, give full particulars and dates

Have you ever claimed compensation from any other company?

If so, give full particulars and dates

State the monthly earnings of the claimant for the month prior to date of accident: Kshs _____

DECLARATION

I, the undersigned, hereby declare that i am the person referred to in the above statement, which is true in every respect, and made without reservation. I hereby authorize Jubilee General Insurance Limited to apply to my medical Attendant mentioned above, for a report to be furnished at my expense in the form used by Jubilee General Insurance Limited for the purpose.

Date: _____   Signature of Insured: _____

(If the insured is a company, a stamp should be placed over the signature)

NOTE: The medical Certificate must be completed by your doctor before the Claim Form is forwarded to Jubilee General Insurance Limited.

MEDICAL CERTIFICATE

In order to establish his claim, the Claimant must obtain and forward to Jubilee General Insurance Limited a certificate from a duly qualified and registered Medical Practitioner. It is essential that this form be filled up as minutely as possible so that the Medical Officer of Jubilee General Insurance Limited may properly understand the nature of the case.

The Medical Attendant of the Claimant is requested to state:

Name of the Claimant in full:

Occupation of the Claimant:

The exact nature and extent of the injuries caused by the accident; if a hand or an arm, a foot or a leg, state whether it is the RIGHT or LEFT.

Regions injured

Nature and extent of injury

Has the Claimant suffered or is he now suffering from any constitutional or local disease or physical infirmity?   Yes ☐   No ☐

If so, state the nature of such disease or infirmity and to what extent it affects the disablement

When the Claimant first attended   *(DD/MM/YY)*

Where was the Claimant was first attended?

Are you still attending him?   Yes ☐   No ☐

If so, give a brief explanation

State to what extent the above accidental injuries have necessarily disabled the Claimant from giving attention to business.

Claimant has been disabled:

PARTIALLY for [   ] days from *(DD/MM/YY)* to *(DD/MM/YY)*

WHOLLY for [   ] days from *(DD/MM/YY)* to *(DD/MM/YY)*

Claimant is now: *Wholly disabled* ☐   *Partially disabled* ☐   *Not at all disabled* ☐

The further disability (if any) will in my opinion continue

For [   ] entirely from the present time.

For [   ] partially from the present time.

Total disablement arises when the Claimant is rendered completely incapable of attending to any part of his ordinary profession, business or occupation. Partial Disablement arises when the Claimant is a little injured, or has so far recovered from injuries as to be capable of attending to some portion of his ordinary profession, business or occupation.

(a) If the Claimant is now, in any way, attending to business, on what day did he first commence doing so after the accident?

(b) If not, do you consider the Claimant fit personally to supervise or direct his business or occupation?

Have you any reason to think that the Claimant was not perfectly sober at the time of the accident?   Yes ☐ No ☐

If yes, give a brief explanation

Have you any reason to think that the Claimant was not perfectly sober at the time of the accident?   Yes ☐ No ☐

If yes, give a brief explanation

Is there any information, professional or otherwise, that you consider should be known to Jubilee General Insurance Limited?

Additional remarks (if any)