Jubilee
INSURANCE

PERSONAL ACCIDENT

CLAIM FORM

The Jubilee Insurance Company of Kenya Limited

Head Office:
Jubilee Insurance House, Wabera Street,
P.O. Box 30376 - 00100 GPO, Nairobi, Kenya
Tel: +254 20 328 1000
Fax:: +254 20 325 1150
Email: jic@jubileekenya.com
www.jubileeinsurance.com

Mombasa Office:
Jubilee Insurance Building, Moi Avenue,
P.O. Box 90220 - 80100, Mombasa, Kenya
Tel: 22 4286/231 4019/231 6760
Fax:: 231 6796
Email: mombasa@jubileekenya.com
www.jubileeinsurance.com

Kisumu Office:
Jubilee Insurance House, Oginga Odinga Road,
P.O. Box 378 - 40100, Kisumu, Kenya
Tel: 202 0836/202 08465
Fax:: 202 0532
Email: kisumu@jubileekenya.com
www.jubileeinsurance.com

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.*
- *upporting 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* _____

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: *Whollly 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 reffered to in the above statement, which is true in every respect, and made without reservation. I hereby authorize Jubileee Insurance (Kenya) Limited to applyy to my medical Attendant mentioned above, for a report to be furnished at my expense in the form used by Jubilee Insurance (Kenya) 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 Insurance (Kenya) Limited.

MEDICAL CERTIFICATE

In order to establish his claim, the Claimant must obtain and forward to Jubilee (Kenya) 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 Insurance (Kenya) 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 t6he 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: *Whollly 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 Claiamnt 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 Claiamnt 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 Insurance (Kenya) Limited?

Additional remarks (if any)

DECLARATION

I certify that I have satisfied myself by personal examination that the Claimant has sustained an accident causing injuries as above described.

Qualifications:

Address:

Date: _____ Signature of Medical Attendant:_____