

#### The Jubilee Insurance Company of Kenya 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 dictation; 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.
- Reporting 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  to

To room for  days from  to

To house for  days from  to

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  to

WHOLLY for  days from  to

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 Insurance (Kenya) Limited to apply 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

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  to

WHOLLY for  days from  to

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 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: \_\_\_\_\_