



KENYAN ALLIANCE

The Kenyan Alliance Insurance Company Limited

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Personal Accident Claim

Dear Sir,

Madam,

Reference

With reference to your recent notification of accident, please give full details on the Claim Form on the next page, and request the Doctor attending you to complete the attached Medical Certificate. You should attached the Medical Certificate to the claim form and deliver the documents to us with the minimum of delay.

As Medical Certificates will be required at fortnightly intervals during periods of total temporary disablement, additional Medical Certificate Forms can be supplied at your request should disablement be estimated to last over two weeks

For the Company

Personal Accident Claim Form

1 Insured

Name

Address

Professional or Occupation (if in business state exact nature)
(state all if more than one)

Tel. No.

Age

Height

Weight

2 General

Name and address of Doctor in attendance

Note: The Medical Certificate attached should be completed by this Doctor

Is he your usual Medical Attendant?

Date on which he was first consulted

When can you be seen?

How long have you been

(a) wholly unable to attend to any portion
of your profession or occupation?

from / /to / / /

(b) able to attend partly to your
profession or occupation?

from / /to / / /

Names and addresses of any other Insurer or Society or Club from which
you are entitled to benefit in respect of the same accident/sickness

Amount of such benefits

Accident

Date

Time

a.m./p.m.

Place

Please give full details of accident indicating
what you were doing at the time

What injuries have you sustained? (If an eye, hand or arm, foot or leg, please state whether right or left).

Have you previously suffered from similar injuries? If so, please give details

Names and addresses of witnesses

When did incapacity start?

Notes for Insured

Any fee for Medical Certificate is payable by the Insured.

Further Medical Certificates are required at fortnightly intervals during periods of total temporary disablement.

Interim payments of benefits are normally made on request subject to satisfactory medical evidence.

Insured may be required to submit Medical Examination on behalf of and at the expense of the Company in connection with any claim.

Declaration

I hereby declare that the above statements are true in every respect and are made without reservation and I claim to be paid the benefit due under the policy.

Signature

Date