



Secure Tomorrow
Minet

ACN | Global Network Correspondent

Original Claim Form

Company/Employer: CHRISTIAN HEALTH ASSOCIATION OF KENYA (CHAK)
Full name of Employee: JACK OMONDI ODHIAMBO
Mobile Number: 0710 757 537 Member No: UK076987-02 Date of Birth: 01/07/2020
Full name of the patient: NATASHA MONKA OMONDI National ID/Passport (must be provided): _____
Relationship of patient to employee: (Tick against the box)
Spouse ☐ Child ☒ Employee ☐

Presenting complains: _____
Date of onset: _____
Is the condition:
Recurrent ☐ Chronic ☐ Congenital ☐
Is the condition work related/occupational illness or injury?: _____

Laboratory & Radiology Finding: _____

Diagnosis: SPEECH DELAY

Management Plan (Including estimated cost of provider): SPEECH THERAPY

Hospital/facility Name: M.P. SHAH

Was the patient referred to a specialist?

Yes ☐ No ☐

Speciality: MEDICAL CLP

Attending Practitioner: DR. JEDIDAH BROOKE Date: 18/05/2024 Stamp: _____



I hereby acknowledge that my signature below constitutes my express, reasonable, unconditional, specific and voluntary consent to the collection and processing of such personal and/or sensitive personal information. I further acknowledge that I have read and understood the Minet's Data Privacy Statement and I hereby agree to comply, observe and be bound by the same.

I certify that all answers and all documents submitted with this form are complete and true. Minet therefore holds no liability for any inaccurate information provided herein.

I further authorize the provider of service(s) to disclose the required medical information to include the nature of my illness and that of my dependants to Minet for its use including sharing such information (with the underwriter (insurer), third parties/partners or affiliates relevant for the purpose of effectuating the insurance contract in place as well as the delegated contact person in your organization) for processing where applicable.

Name: JACK O Signature: _____ Date: 18/05/2024