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PERSONAL ACCIDENT CLAIM FORM

1. N	lame in full	
	Age next birthday Present profession or occupation	
3. P	resent address	
((a) When and where did the accident occur? b) How did it happen? (Full description to be given) c) Name and addresses of any witnesses of the accident. d) Name and address of Doctor who attended you immediately after the accident. e) Name and address of Doctor now attending you. 	DateTime
	a) Did the incapacity commence from the date of the accident? b) If not, when did it commence?	
V	Are you entitled to compensation from any other company or any club in respect of the injury for which you are claiming? If so, full particulars to be given.	
	When can a medical or other officer of the company visit you if necessary.	
	sured's Medical Attendant, any fee for the	ted by a report on the reverse side of this form from the report being payable by the insured.
1.	The undersigned, hereby declare that I am the personade without reservation and I hereby claim to be	son referred to in the above statements, which are true every respect an paid.
(a)	AND THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF	per week, as from
(b)		
De	lete (b) if total claim cannot now be made, or (a)	if total claim can be made.
		Signature

CL/PA/047

P.T.O.

MEDICAL REPORT

Name of Patient.		
Describe fully the cause and circumstances of the accident as stated to you?	de popular de de de de la companio d	Edail - Miller Jelly - Mark Adia (9A - dada Amaridia, Acadidia - Asia, dalahi) Rasari
2. Are the appearances of the injuries consistent therewith and do you believe they were caused as stated?	CCIDEN ad return wi	PERSONAL A io so completed by the Justiced and his Ductor a
Nature of injury-please give detailed particulars		Name in till
On what date did the Patient first consult you in connection with this accident?		(a) Age next birthday (b) Prescut profession or occupation
5. Are you the Patient's usual Medical Attendant? If so, how long have you known him?		
6. Is the Patient suffering from any injury or disease irrespective of that stated above? If so, please state nature of the same and to what extent recovery may be affected thereby,	Cate	(a) When and whom did the accident occur? (b) How did it happen?
7. Is the Patient on your advice:-		(Pell description to be given)
(a) Confined to bed. (b) Confined to have? If so, state probable		From to
(b) Confined to house? If so, state probable duration of such confinement from this date.	(0)	
(c) Able to get out of doors?	(c)	From to
8. If the Patient is in your opinion unable to give any attention to his profession or occupation, please state: (a) Date of commencement of total disablement	(a)	attending you. (a) 19id the recaptacity construct from the date of the secident? (b) If any when dig it originance?
(b) Probable duration from this date.	(a)	
 9. If the Patient is in your opinion able to give partial attention to his profession or occupation, please state:- (a) Date of commencement of partial disablement (b) Probable duration from this date. 	(b) (b)	
10. If disability has terminated, please state date of termination.	et a ed bal	no asar sa tenu maso wak monthe masoon
11. General Remarks.	ni regipse si FIX317	intered a Medical Attingment, any factor (a content of a
I certify that to the best of my be		egoing statements are correct

Signature.....

Address