

## PERSONAL ACCIDENT CLAIM FORM

Name of Insured \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Occupation of the Injured perso \_\_\_\_\_ Age \_\_\_\_\_

Date of Accident \_\_\_\_\_ Time \_\_\_\_\_ A.M/PM Place \_\_\_\_\_

<b>QUESTIONS</b>	<b>ANSWERS BY OR ON BEHALF OF THE INJURED PERSON</b>
1.How did the accident happen? What were you doing at the time?	
2.What injuries have you sustained?	
3.Has the same part of your body been injured previously?	Totally from _____ To _____ Partially from _____ To _____
5.How long have you been confined to:- (a) Bed? (b) House?	From _____ To _____ From _____ To _____
6.Name and address of Doctor who is attending you. Is he your usual Doctor?	
7.Have you required medical or surgical treatment during the past five years? If so, give particulars.	
8.Names and addresses of any witness of the Accident	
9.Are you claiming under any other insurances? If so, give particulars.	
10. Earnings a. Basic Kshs. b. House allowance. c. Other allowances.	Kshs. _____ Kshs. _____ Kshs. _____

I WARRANT that the above statements and particulars are correct and complete

Date \_\_\_\_\_ Name \_\_\_\_\_ Signature \_\_\_\_\_

This form should be completed and returned within seven days.

The questions overleaf should be answered by a registered medical practitioner.

**MEDICAL CERTIFICATE**

**(To be completed by a qualified medical practitioner)**

1.Name of Patient	
2.What injuries has the Patient sustained?	
3.When were you first consulted?	
4.How long has the patient been totally or partially disabled from engaging in or attending to usual business as the result solely of the injuries?	Totally from _____ to _____ Partially from _____ to _____
5.On the basis of the Permanent Disability Scale shown below, do you consider that the patient has suffered any permanent disability?	
6.Name and address of Doctor who is attending you. Is he your usual Doctor?	
7.If the injury sustained by the patient is not specified in the Permanent Disability Scale, what percentage do you consider would be consistent with the percentages laid down in the Scale having regard to permanent loss or reduction in the earning capacity of the patient in any business or occupation?	
8.Has the patient any disease or any physical defect and if so of what nature?	
9.If so, has this aggravated in any way the present injury, and if so, what is the percentage of aggravation?	

Name of Medical Practitioner \_\_\_\_\_ Signature \_\_\_\_\_

Qualifications \_\_\_\_\_ Address \_\_\_\_\_

Date \_\_\_\_\_

## SCALE OF PERMANENT DISABLEMENT BENEFITS

DESCRIPTION OF PERMANENT DISABILITY	PERCENTAGE PAYABLE	DESCRIPTION OF PERMANENT DISABILITY	PERCENTAGE PAYABLE
Permanent Total Disability ..... 100%		a) Permanent Loss of Index finger:	
Permanent and incurable paralysis of all limbs ..... 100%		b) Right hand - 3 phalanges ..... 15%	
Permanent Total loss of Use of two limbs ..... 100%		c) Right hand - 2 phalanges ..... 10%	
		d) Right hand – 1 phalanx ..... 7.5%	
		e) Left hand – 3 phalanges ..... 10%	
		f) Left hand – 2 phalanges ..... 7.5%	
		g) Left hand - phalanx ..... 5%	
Permanent Total of sight in both eyes ..... 100%		Permanent Loss of middle finger:	
Permanent Total loss of a remaining eye ..... 100%		a) Right hand - 3 phalanges ..... 10%	
Permanent Total loss of sight one eye ..... 50%		b) Right hand - 2 phalanges ..... 7.5%	
		c) Right hand – 1 phalanx ..... 5%	
		d) Left hand – 3 phalanges ..... 7.5%	
		e) Left hand – 2 phalanges ..... 5%	
		f) Left hand - 1 phalanx ..... 3%	
Loss of or the Permanent Total Loss of use of one limb:		a) Permanent Loss of ring finger:	
Right Hand ..... 100%		b) Right hand - 3 phalanges ..... 7.5%	
Left Hand ..... 60%		c) Right hand - 2 phalanges ..... 5%	
One foot ..... 100%		d) Right hand – 1 phalanx ..... 3%	
		e) Left hand – 3 phalanges ..... 6%	
		f) Left hand – 2 phalanges ..... 4%	
		g) Left hand - 1 phalanx ..... 2%	
Loss of speech and hearing ..... 100%		a) Permanent Loss of little finger:	
Permanent and incurable insanity ..... 100%		b) Right/ left hand - 3 phalanges ..... 5%	
Loss of speech ..... 50%		c) Right/left hand - 2 phalanges ..... 3%	
Permanent Total loss of hearing:		d) Right /left hand – 1 phalanx ..... 2%	
Both ears ..... 75%			
One ear ..... 25%			
Loss of or permanent Total Loss of four fingers and thumb:		Permanent Loss of metacarpals:	
a) Right hand ..... 70%		a) 1st or 2nd (additional) ..... 3%	
b) Left hand ..... 50%		b) 3rd or 5th (additional) ..... 2%	
Loss of or permanent Total Loss of use of four fingers of:		Permanent loss of:	
a) Right hand ..... 40%		a) The great toe ..... 5%	
b) Left hand ..... 30%		b) Any other toe ..... 3%	
Permanent loss of thumb – both phalanges:		Permanent loss of foot:	
a) Right hand ..... 30%		a) At ankle ..... 35%	
b) Left hand ..... 15%		b) Toes of both feet ..... 25%	
Permanent loss of thumb – one phalange:		Shortening of the leg by at least 5cm ..... 10%	
a) Right hand ..... 15%			
b) Left hand ..... 7.5%			