



**INTRA AFRICA
ASSURANCE
COMPANY LIMITED**
(INCORPORATED IN KENYA)

HEAD OFFICE
WILLIAMSON HOUSE
4TH NGONG AVENUE
TEL: 712810 712807/8/9
FAX: 254-2-712812
P.O. BOX 43241 NAIROBI, KENYA

Claim No.
Policy No.

BRANCH OFFICE
KENWOOD HOUSE, KIMATHI STREET
TELEPHONE: 334001/2
FAX: 332037
P.O. BOX 49884 NAIROBI

PERSONAL ACCIDENT CLAIM FORM

This form is issued without admission of liability and must be completed and returned within seven days after its receipt. No claims can be admitted unless a medical certificate overleaf be furnished at the expense of the Claimant.

1. Name in full.....
Address

Present Business or Occupation.....

If more than one state all

Present Age.....years. Height.....ft.....in..... Weight.....lbs

<p>2. (a) When did the accident occur? State day, date and hour.</p> <p>(b) Where did it occur?</p> <p>(c) Give full particulars of the cause, and the injuries sustained</p>	
<p>3. Give names and addresses of any witnesses of the accident.</p>	
<p>4. (a) Give name and address of the Doctor who attended you</p> <p>(b) Name and address of your ordinary Medical Attendant</p>	
<p>5. State where and when a Medical or other Officer of the company can visit you, if necessary.</p>	
<p>6. (a) State the number of days you have been necessarily and entirely confined to bed, room or House, as the sole and direct result of the injuries sustained</p>	<p>To Bed fordays</p> <p>FromTo..... (Both inclusive)</p> <hr/> <p>To room for.....days</p> <p>From.....To..... (Both Inclusive)</p> <hr/> <p>To House for.....days</p> <p>From.....To..... (Both Inclusive)</p>
<p>6 (b) If still confined to any, state which</p> <p>(b) Have you been in any way attended to business or work during the period</p>	

(P.T.O)

7. Have you previously claimed or received compensation under an accident and/or sickness policy?

8. (a) Are you insured elsewhere?

(b) If so, give name of each Company or Insurance and amount you are entitled to claim.

I hereby declare that I have received the injuries above described and warrant the truth of the foregoing particulars in every respect, and I agree that if I have made, or if, shall make any false or untrue statement, suppression or concealment, my right to compensation shall be absolutely forfeited.

I claim to be paid the sum ofper week, or the total sum of which I agree to accept in full settlement of my claim on the company

Date.....19.....

Signature.....