



OCCIDENTAL INSURANCE COMPANY LIMITED
Crescent Business Centre, 7th Floor, Parklands Road, Parklands,
P.O. Box 39459-00623, Nairobi, Kenya.

Policy No. _____

Claim No. _____

PERSONAL ACCIDENT CLAIM FORM

TO BE COMPLETED BY THE INSURED *Important notice:- -The Issue of this form is not to be taken as an admission of liability.*

1. (a) Name of Insured (in full) _____
(b) Address (in full) _____
(c) Profession or occupation _____ (d) Age last birthday _____
2. (a) No. of Policy _____ (b) Date of Policy _____ (c) Date of last payment of premium _____
3. (a) Date and time when accident occurred _____ on the _____ day of _____
20 _____ at _____ O'clock in the _____
(b) Where it happened _____
(c) Name and address of witness _____
4. How did the accident occur _____
5. Nature of injury received _____
(if to limb or eye, state whether right or left) _____
6. (a) Nature of disablement _____
(b) Extent of disablement _____
Confined to house from _____ to _____ partial disablement from _____ to _____
(c) Present state of incapacity _____
7. Name and address of Surgeon or Doctor in attendance _____
8. (a) Where and when can a medical officer of the company visit you if necessary? _____
(b) Name of the nearest railway station and distance there from _____
9. (a) Are you insured in any other office(s) granting compensation for accident? _____
(b) If so state name and address of company or companies and amount of insurance _____
10. If you are claiming for temporary disablement, does your weekly income immediately before the accident exceeded by 50% the total weekly compensation you will receive now from this and all other sources? _____

I hereby declare that the foregoing statements are made by myself and are true in all respects and that I have not attempted to conceal from the company anything with which it ought to be made acquainted, and also that I have not abstained from my usual occupation longer than is absolutely necessary; and I agree that if I have made, or, in any further declaration the company may require shall make any false or fraudulent statement or any suppression, concealment or untrue averment whatever, the policy shall be void, and my right of compensation absolutely forfeited; and I am willing, if required, to make a statutory declaration before a justice of the peace and reconciliation of the truth of the whole of the foregoing statement or any other statement I make in connection with this claim

Witness: _____
Address: _____

Signature of Claimant: _____
Date: _____

CERTIFICATE TO BE FILLED UP AND SIGNED BY AN EYE WITNESS OF THE ACCIDENT

I hereby certify that I was present when the accident occurred to Mr/Mrs. _____
on the _____ day of _____ 20 _____ in the manner stated by
him overleaf, that it * was caused by / was not caused _____

his willful act, and that he was not under the influence of intoxicating substance at the time

Name _____ Occupation _____

Address _____

Signature _____ Date: _____