

**LION OF KENYA INSURANCE COMPANY LIMITED**  
**P.O. BOX 30190, NAIROBI 00100**  
**TELEPHONE 2710400**

**PERSONAL ACCIDENT CLAIM FORM**

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

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

Name of the injured person \_\_\_\_\_

Occupation of the injured person \_\_\_\_\_ Age \_\_\_\_\_ years

Date of Accident \_\_\_\_\_ Time \_\_\_\_\_ a.m./p.m. \_\_\_\_\_ Place \_\_\_\_\_

QUESTIONS	ANSWERS BY OR ON BEHALF OF THE INJURED PERSON
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?	
4. How long have you been totally or partially disabled from engaging in or attending to your usual business as the result of the injuries?	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 to you. Is he/she 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 witnesses of the accident.	
9. Are you claiming under any other insurance? If so, give particulars.	

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

Date \_\_\_\_\_ 20\_\_\_\_\_

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 your 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. If so, what is the percentage?	
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 the aggravation?	

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

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

Dare \_\_\_\_\_

**PERMANENT DISABILITY SCALE**

Injury	Percentage	Injury	Percentage
(1) Loss of both hands at or above wrists...	100	(21) one phalanx	2
(2) Loss of both feet at above the ankles ...	100	Loss of ring finger	
(3) Loss of one hand at or above the wrist and of one foot at or above the ankle	100	(22) three phalanges	5
(4) Loss of all fingers and thumbs of both hands	100	(23) two phalanges	4
(5) Total and irremediable blindness in both eyes	100	(24) one phalanx	2
(6) Total and irremediable paralysis	100	Loss of little finger	
Loss of arm –		(25) three phalanges	4
(7) at shoulder	60	(26) two phalanges	3
(8) between elbow and shoulder	50	(27) one phalanx	2
(9) at elbow	47½	Loss of metacarpals	
(10) between wrist and elbow	45	(28) first or second (additional)	3
		(29) third fourth or fifth (additional)	2
(11) Loss of hand at wrist	42½	Loss of leg	
(12) Loss of four fingers and thumb of one hand	42½	(30) at hip	70
(13) Loss of four fingers	35	(31) between knee and hip	50
Loss of thumb		(32) below knee	35
(14) both phalanges	25	(33) Loss of foot at ankle	32½
(15) one phalanx	10	(34) Loss of all toes of both feet	15
Loss of index finger		Loss of great toe	
(16) three phalanges	10	(35) both phalanges	5
(17) two phalanges	8	(36) one phalanx	2
(18) one phalanx	4	(37) Loss of toe other than great toe (provided more than one toe is lost) – each	1
Loss of middle finger		(38) Loss of one whole eye or total and irremediable blindness in one eye	30
(19) three phalanges	6	(39) Irremediable loss of sight (except perception of	
(20) two phalanges	4		

	light) in one eye	30
(40)	Loss of lens of one eye	20
	Total and irremediable deafness	
(41)	both ears	50
(42)	one ear	7

