Britam
With you every step of the way

Britam Insurance Company (Uganda) Limited
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Personal Accident Claim form

Important Note: Issuance of this claim form is not an admission of liability on the part of the Company

SECTION A: PERSONAL/CORPORATE DETAILS

1. Names of Insured……………………………………………………………………………………………………

2. Policy Number ……………………………………………………… 3. Is premium fully paid? …………………

4. Address………

5. Nature of Business……………………………………………………………… 6. Location…………………………

7. Name of Contact Person……………………………………………………… 8. Position…………………………………

9. Tel……………………………………………… Email……………………………………………………………………

SECTION B: ACCIDENT

1. Person Injured…………………………………………………………………… 2. Date of Injury……………………………

3. State briefly how the accident occurred…………………………………………………………………………………
………
………
………

4. Place of Injury…………………………………………………

5. Did the Injured employee visit a Medical Practioner? ☐ YES ☐ NO

If Yes, Name of Doctor: ………………………………………………………………… Tel ………………………………………

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SECTION C: TO BE COMPLETED BY ATTENDING DOCTOR

a) Please state the time periods of Temporary Disablement

1.) Temporary Total Disablement: From ………………………………….. To ………………………………………..

2.) Temporary Partial Disablement: From …………………………………To ………………………………………..

b) Has the patient suffered any permanent Incapacity? ……………………… If Yes, please state degree

of incapacitation……………………………

Doctor Name: ……………………………………………………………… Signature and Stamp………………………

SECTION D: DECLARATION

I/We declare that the above information is true and correct in every respect and that signing of this claim form also constitutes written authority for BRITAM INSURANCE COMPANY UGANDA LIMITED to inspect or Investigate any Medical Records or details relevant to this claim. I/We further declare that I am/We are aware that any misrepresentation and/or non-disclosure of information provided herein shall render My/Our claim null and void.

Signature: ………………………………………………………………………. Date ………………………………………..

Please return this claim form completed with the following;

1. *All receipt medical expenses in names of the claimant*
2. *Three copies of payslips for three months prior to the accident*
3. *Police post mortem report and Death certificate (for Death)*
4. *All clinical and diagnostic notes relating to the injury*

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