



FIDELITY SHIELD
INSURANCE COMPANY LIMITED

Head Office, Equatorial
Fidelity Centre
Waiyaki Way
P. O. Box 47435-00100
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Mobile:0722204967/0733620001

Branch Offices:
Fidelity Shield Insurance Hse. Kaunda St.
P.O. Box 90103, Mombasa Tel.041-2312651/4 Fax: 2221098
Eldoret Branch: K.V.D.A. Plaza
Oloo Street, P. O. Box 7877, Eldoret
Tel.053-22393/63581
Kisumu Branch: Kenya Re Plaza (Wedco Centre) Oginga Odinga Street
P. O. Box 2243-40100, Kisumu
Tel.057-2021739 Fax 057-2026421

To: FIDELITY SHIELD INSURANCE COMPANY LIMITED
P.O.BOX 47435, NAIROBI

WORKMEN'S COMPENSATION CLAIM FORM

INITIAL REPORT

1. EMPLOYER'S NAME :

ADDRESS :

BUSINESS :

2. NAME OF WORKMAN :

AGE :

OCCUPATION :

I/D CARD NO. :

3. DATE AND TIME OF ACCIDENT :

CAUSE OF ACCIDENT :

a) If machine,state name and part of
Machine that caused the accident :

b) Was it being moved by mechanical power
as at the time of the accident? :

4. NATURE OF INJURY
(whether fatal or non-fatal) :

5. COMPREHENSIVE REPORT OF HOW THE ACCIDENT HAPPENED BY EMPLOYER/SUPERVISOR. (If the space provided is not enough, please use a separate sheet/and attach in this **form**)

6. STATEMENT FROM WITNESS:
(If space provided is not enough, please use a separate sheet/and attach to this form)

7. DATE:

EMPLOYER'S STAMP AND SIGNATURE:

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6. COMPREHENSIVE REPORT OF HOW THE ACCIDENT HAPPENED BY EMPLOYER/SUPERVISOR. (If the space provided is not enough, please use a separate sheet/and attach in this **form**)

6. STATEMENT FROM WITNESS:
(If space provided is not enough, please use a separate sheet/and attach to this form)

7. DATE:

EMPLOYER'S STAMP AND SIGNATURE:

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