

ATTENDING PHYSICIAN FORM

SECTION A: DETAILS OF LIFE ASSURED

Full Name _____

Date of Birth: DD MM YYYY ID/ PPNumber: _____

Office Tel: _____ Mobile Phone: _____

E-Mail Address: _____

SECTION B: HISTORY OF INJURY/ILLNESS *(to be filled by the attending physician/doctor)*

(a) When did the present injury or illness begin? _____

(b) If accidental injury, give details of accident? Any evidence of visible contusion or wound? _____

(c) Was the patient at time of this accident or during this disability affected with any previous injury or any other disease? YES NO
 If yes, please give particulars _____

(d) To your knowledge did he have any infirmity or physical impairment prior to this accident, or disability? If so, did it contribute to cause the accident or prolong the disability? YES NO

(e) Was an operation performed? YES NO
 If yes, please describe _____

(f) For what periods was patient	Hospital confined	From <u>DD MM YYYY</u> To <u>DD MM YYYY</u>
	House confined	From <u>DD MM YYYY</u> To <u>DD MM YYYY</u>
	Bed confined	From <u>DD MM YYYY</u> To <u>DD MM YYYY</u>
	Ambulatory	From <u>DD MM YYYY</u> To <u>DD MM YYYY</u>

DIAGNOSIS

If injury involved eye or limb, state whether right or left. If fracture or dislocation occurred, state which and whether compound, complete or incomplete. If fracture of long bones occurred, state whether through head or shaft.

TREATMENT

Date of first visit _____
 Date of last visit _____
 Total Number of visits _____

DESCRIBE PRESENT CONDITION

Indicate if recovered, improved or retrogressed. Also indicate percentage of permanent disability if applicable

DEGREE OF LENGTH OF DISABILITY

(a) From what dates has patient been unable to perform any part of his occupation?

From DD MM YYYY To DD MM YYYY

(b) From what dates has patient been unable to perform some part, but not all, of his occupation?

From DD MM YYYY To DD MM YYYY

(c) If not working, when do you think he will be able to work?

Approx. Date DD MM YYYY

Indefinite

Never

SECTION C : DECLARATION

i. Privacy Statement

We, Prudential Life Assurance Kenya Limited, the Prudential Group and our Business Partners, will use the personal information you provide to us to: communicate with you, enable us to service our products and services for you and comply with legal requirements. For certain products or services, we will need to process your sensitive personal information, such as information relating to health. As we, the Prudential Group, and some of our Business Partners are global companies, we may need to send your personal information overseas. Any transfer of your personal information to third parties or overseas will always be done securely and in accordance with applicable local law. Your personal information will always be kept in line with our data retention policy and it will be stored either for as long as you are our customer or longer if required by law or as is otherwise necessary. You can request: a copy of your personal information, that we correct anything that is wrong or incomplete or that we delete it if it is no longer needed for the purposes set out above. Prudential Group means any affiliates of Prudential Life Assurance Kenya Limited, (including, Prudential Plc, Prudential Africa Holdings Limited and Prudential Corporation Asia). Business Partners means our service providers, accountants, auditors, IT service and platform providers, intermediaries, re-insurers, investment managers, agents, selected third party financial and insurance product providers and our professional advisers.

ii. Declaration

I/We declare that all the statements provided above is true. I agree that if they are found to be false I lose all my rights under the Policy and I hereby authorise Prudential and any of its representatives to make any inquiries, inspect or investigate any medical records or details relevant to this claim.

I/We hereby acknowledge the contents of the statements i and ii above.

(Life Assured Name and signature)

Doctor's Name: _____

Doctor's Signature: _____ Date: DD MM YYYY

Hospital/Doctor's

Stamp

