

**Personal /Corporate Data**

Full name of Proposer(s): \_\_\_\_\_ PIN No: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Town: \_\_\_\_\_

Telephone No. - Office: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Business or Profession: \_\_\_\_\_

- a) Duties in detail \_\_\_\_\_
- b) Product or service involved \_\_\_\_\_
- c) Employer's/Business name \_\_\_\_\_
- d) Gross earned income per annum Kshs \_\_\_\_\_

Date of Birth \_\_\_\_\_ 20\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

**Particulars of the vehicle(s) to be insured:**

1. Please give details of any illness, or accidents in connection with which you have consulted any Doctor during the last 5 years	Nature of accident or illness	Date	Duration
2. Do you suffer from: a) any physical defect or infirmity? b) ill health of any description?		a) b)	
3. Do you engage in any of the activities listed below? If so, give details a) Winter Sports, Rocks climbing, Mountaineering (which requires the use of ropes or guides), Pot Holing, Skin Diving, Scuba, Parachuting, Football or Rugby, Ice Hockey, Motor Cycling, Polo, Steeple chasing, Big Game Hunting or Hunting other than on foot, Water Sports of any kinds b) Any other hazardous activities		a) b)	
4. Do you wish the Policy cover to apply to bodily injury consequent upon any of the hazardous activities referred to above? If so, please state which one(s)			
5. a) Date of purchase by you or Motor Cycles and Sidecar (if any) b) Whether new c) Price paid		a) b) c)	
6. Amount of Insurance required a) Benefit A - Death b) Benefit B - Permanent Disablement c) Benefit C - Temporary Total Disablement (104 weeks) d) Benefit D - Medical Expenses incurred in connection with an accident		FIXED LIMIT BASIS a) Kshs b) Kshs c) Kshs Per week d) Kshs	SALARY BASIS a) Annual Salary..... b) c) d)
7. Name and address of Beneficiary for Benefit A		a) Name b) Address c) Relationship d) Age	
8. Has any insurer declined your proposal for life/Accident Insurance or cancelled or refused to renew your policy or imposed any restrictions or special conditions? If so, give details and name of Company			

## DECLARATION

I declare that I, the Proposed Life Insured, am now in good health and that all statements in this Proposal, whether in my own handwriting or not, are true and complete. I agree that this Proposal and Declaration, together with any statements, made or to be made, to the Company's medical examiner, shall be the basis of the contract between the Company and me. I consent to the Company seeking information from my doctor, clinic or hospital, or from any office to which a proposal on my life has been made, and I authorise the giving of such information.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Signature of Proposed Life Insured \_\_\_\_\_

From what date do you wish cover to commence? \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_

**Note:** Liability does not begin until this proposal has been accepted by the Company and the premium paid, except as provided by any official cover note issued by the Company. A specimen policy is available on request.

## THE PERSONAL ACCIDENT POLICY

**THE COVER:** The Policy provides for the payment of the Benefits agreed in the event of an insured Person sustaining bodily injury caused by violent accidental external and visible means which results in Death or Disablement.

### DEFINITIONS

- ACCIDENTAL Death : This means loss of Life as a result of an accident.
- Permanent Total Disability : This means absolute disablement or permanent loss of body part(s) that results to inability to normally engage or give attention to your ordinary profession or occupation.
- Temporary Total Disability : This means disablement that renders you unable to attend to your usual occupation or profession for a period of time subject to a maximum of two years
- Medical Expenses : This means cost of medical, surgical or other remedial attention treatment given or prescribed by a qualified medical practitioner
- Artificial Appliances : This means cost of appliances such as crutches, wheelchair etc prescribed by a qualified and registered member of medical practitioners.
- Funeral Expenses : This means the cost of funeral arrangement following accidental death.
- Hospital Cash : The policy pays for hospital cash benefit upon hospitalization of the insured as a result of an accident.

### WHAT IS NOT COVERED

- Pre-existing conditions
- Effects of drugs , alcohol, suicide and war risks
- Occupation and Hazardous activities such as:
  - 1) Manufacturing of fireworks or explosive
  - 2) Construction and maintenance of coffer Dam
  - 3) Airline crew & ship or boat crew
  - 4) Rallies, Racing and speed testing
  - 5) Naval, Military, Police or Airforce operations
  - 6) Professional sports
  - 7) Diving, mountaineering, parachuting, show jumping etc
  - 8) Mining

### UNIQUE COVER EXTENSION

- Local evacuation – 10,000
- Rehabilitation Treatment – 10,000
- Exposure and disappearance
- Hearing aids – 5000
- Riot and strike

**BENEFITS IN THE EVENT OF AN ACCIDENT**

- A. Death .....
- B. Permanent Disablement .....
- C. Temporary Total Disablement .....
- D. Medical and Surgical Expenses necessarily incurred in connection with an accident covered under the policy .....

**COMPENSATION**

- Capital Sum
- Percentage of Capital Sum as given below
- Maximum 1% of Capital Sum per week
- Maximum 10% of Capital Sum

**SCALE OF COMPENSATION UNDER BENEFIT B**

	Percentage payable of Capital Sum		Percentage payable of Capital Sum
a) Permanent total disability preventing from attending to employment, occupation or business of any kind whatsoever	100	m) Loss of index fingers -	
		three phalanges	10
b) Loss of two limbs	100	two phalanges	8
		one phalanx	4
c) Total loss of sight of both eyes	100		
d) Loss of one leg above the ankle	50		
e) Loss of toes – all	20	n) Loss of middle finger -	
great, both phalanges	5	three phalanges	6
great, one phalanx	2	two phalanges	4
other than great, if more than one toe lost, each	1	one phalanx	2
f) Loss of one eye	50	o) Loss of ring finger -	
g) Loss of hearing – both ears	50	three phalanges	5
		two phalanges	4
		one phalanx	2
h) Loss of hearing – one ear	15	p) Loss of little finger -	
i) Loss of one arm at or above wrist	50	three phalanges	4
j) Loss of four fingers & thumb of one hand	42 ½	two phalanges	3
k) Loss of four fingers	35	one phalanx	2
l) Loss of thumb – both phalanges	25	q) Loss of metacarpals: first or second (additional)	3
- one phalanx	10	third, fourth or fifth (additional)	2