

PROPOSAL FORM FOR PERSONAL ACCIDENT INSURANCE

AGENT / BROKER ACCOUNT NO.: POLICY NUMBER

SECTION 1

(A) - INDIVIDUAL CUSTOMER DETAILS

i) Full Name of Proposer
 (First Name) (Second Name) (Other Names)

Date of Birth - - Gender Marital Status Single Married

Nationality Citizenship

ii) Contact Details: (mobile): (tel):
 (email address):
 (Postal Address): (Postal code): (town/city):
 Residential Address (Physical)

iii) Identification Doc.

Identification Type	Identification Number	Expiry Date
<input type="checkbox"/> Identity Card	<input type="text"/>	
<input type="checkbox"/> Passport	<input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> Asylum	<input type="text"/>	_____

 (Attach a copy of Identification Document)

iv) Income Tax No. (PIN) (Attach a copy of PIN Certificate)

v) Are you Employed ? Yes No OR ii) Self Employed ? Yes No

vi) If employed, state your current employer

vii) Occupation Sector

viii) Source of Income Salary Business Proceeds Pension (Recipient of Annuity) Rent (Real Estate)
 Non-Income generating dependant

ix) Source of Wealth Legal Settlement Royalties Inheritance Donations
 Winnings Savings Sale of Investment Sale of Property
 (Lottery/Casino/Bettings)
 Rent (Real Estate) Employment Pension Business Proceed

x) Full Name of Next of Kin Relationship
 (Telephone No.):

No.	Name of Beneficiary	Relationship	Date of Birth	Telephone	ID Number	Proportion (%)

NB - Please indicate the name of Guardian if beneficiary is below 18 years. The proportions should add up to 100%.
 If Beneficiary has Not attained age of majority (18 years), this section must be completed naming Guardian(s) who must be over 18 years of age.

_____ Age _____ Relationship _____
 Full Name

(B) - SPOUSE / PARTNER DETAILS

- i) Full Name of Spouse
 Date of Birth - - Gender Marital Status Single Married
 Nationality Citizenship
 ii) Contact Details: (mobile): (tel):
 (email address):
 (Postal Address): (Postal code): (town/city):
 Residential Address (Physical)
 iii) Identification Doc. **Identification Type** **Identification Number** **Expiry Date**
 Identity Card
 Passport
 Asylum
 (Attach a copy of Identification Document)
 iv) Income Tax No. (PIN)
 (Attach a copy of PIN Certificate)
 v) Are you Employed? Yes No OR ii) Self Employed? Yes No
 vi) If employed, state your current employer
 vii) Occupation
 Sector
 viii) Source of Income Salary Business Proceeds Pension (Recipient of Annuity) Rent (Real Estate)
 Non-Income generating dependant
 ix) Source of Wealth Legal Settlement Royalties Inheritance Donations
 Winnings Savings Sale of Investment Sale of Property
 (Lottery/ Casino/Bettings)
 Rent (Real Estate) Employment Pension Business Proceed

No.	Name of Beneficiary	Relationship	Date of Birth	Telephone	ID Number	Proportion (%)

NB - Please indicate the name of Guardian if beneficiary is below 18 years. The proportions should add up to 100%.

If Beneficiary has Not attained age of majority (18 years), this section must be completed naming Guardian(s) who must be over 18 years of age.

Full Name _____ Age _____ Relationship _____

Children Details:

No.	Name of Child	Date of Birth

No.	Name of Child	Date of Birth

SECTION 2 - PROPOSAL DETAILS

- 1) Has any of the proposed persons above;
 a) Suffered any accident(s) in the past? If yes, please give details: Yes No

 b) Suffered any physical disability? If yes, please give details: Yes No

 c) Suffered from any chronic or recurring illness? If yes, please give details: Yes No

2) Insurance History

a) Do any of the proposed insured have a current personal accident/medical (except NHIF) life assurance policy? If yes, please give details:

Yes No

b) Has any insurance company or underwriter in respect the proposed insured (s) under

- part 1 above :
- i) Declined to insure Yes No
 - ii) Cancelled policy Yes No
 - iii) Refused to renew policy Yes No
 - iv) Imposed special terms Yes No
 - v) Declined any claim Yes No

If yes to any of the above, please give details :

3) Please indicate the gross income for the last 12 months in respect of:

- a) Proposer: Kshs. _____
- b) Spouse (if included on this proposal): Kshs. _____

4) Does anyone currently participate or expect to participate in any hazardous sport or undertaking (Examples: sky diving, hang gliding, parachuting, private flying, under-water diving, mountaing climbing , auto or cycle racing) or does anyone fly or expect to fly other than as a passenger?

Yes No

If Yes, please give details :

PREMIUM SCHEDULE											
BENEFIT	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6	Option 7	Option 8	Option 9	Option 10	Option 11
Accidental Death	500,000	750,000	1,000,000	2,000,000	3,000,000	5,000,000	8,000,000	10,000,000	12,000,000	15,000,000	20,000,000
Accidental Permanent Total Disablement (Continental scale)	500,000	750,000	1,000,000	2,000,000	3,000,000	5,000,000	8,000,000	10,000,000	12,000,000	15,000,000	20,000,000
Accidental Temporary Total Disablement per week maximum weeks	5,000	5,000	10,000	15,000	15,000	30,000	40,000	50,000	50,000	50,000	50,000
Hospital Cash	2,000	2,000	2,500	5,000	7,500	7,500	10,000	20,000	20,000	20,000	20,000
Accidental Medical Expense	70,000	75,000	100,000	200,000	250,000	500,000	700,000	1,000,000	1,000,000	1,000,000	1,000,000
Artificial Appliance (Accidental Loss)	5,000	10,000	20,000	25,000	30,000	35,000	40,000	50,000	50,000	50,000	50,000
Post Trauma Counseling	20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000
Funeral Expenses (Accidental Death)	50,000	50,000	70,000	80,000	80,000	90,000	90,000	100,000	100,000	150,000	200,000
Premium Payable	2,288	2,598	4,140	7,018	8,685	14,813	21,205	28,025	30,225	33,700	39,375

Terrorism (Optional) 20% Premium Loading

PLAN OF BENEFITS PER CHILD					
* Subject to cover for parent/guardian being take at the same time					
BENEFIT	Option 1	Option 2	Option 3	Option 4	Option 5
Accidental Death	50,000	75,000	100,000	150,000	200,000
Accidental Permanent Total Disablement	50,000	100,000	200,000	400,000	500,000
Accidental Dental Treatment	10,000	10,000	10,000	10,000	10,000
Accidental Medical Expense	45,000	60,000	70,000	100,000	150,000
Artificial Appliance (Accidental Loss)	25,000	30,000	35,000	40,000	50,000
Funeral Expenses (Accidental death)	20,000	20,000	20,000	20,000	20,000
Premium Payable	388	515	633	885	1,175

Children below 5 years are covered for road risks only
(NB: Above premium excludes levies and stamp duty.)

Options Selected

- 1) Proposed Insured Option _____ Annual Premium Kshs: _____
- 2) Spouse Option _____ Annual Premium Kshs: _____

Option Selected - Children

- 1) Child 1 Option _____ Annual Premium Kshs: _____
- 2) Child 2 Option _____ Annual Premium Kshs: _____
- 3) Child 3 Option _____ Annual Premium Kshs: _____
- 4) Child 4 Option _____ Annual Premium Kshs: _____

5. Kindly select your preferred mode of delivery of your policy document and other official documents

- Email Postal Address Collection from our issuing Branch Office

CONSENT & DECLARATION

I/We consent to The Heritage Insurance Company Kenya Ltd;

- (i) Collecting, using, disclosing and/or processing my/our personal data; and
- (ii) Transferring my/our personal data to their reinsurers and affiliated companies for the purposes of insurance as permitted by law.

I/We hereby declare the truth and correctness of the above statements and particulars and agree that this Proposal and Declaration shall be held to be promissory and the basis of the contract between me/ us and The Heritage Insurance Company Kenya Limited.

Proposer's Signature: _____ Date: _____

No liability (except for the period stated in the Insurer's Official Cover Note) is undertaken until the Proposal is accepted by the Insurer and the premium paid.