

**VET BIMA  
PERSONAL ACCIDENT COVER**

**1. PROPOSAL FORM**

Name of Proposer: \_\_\_\_\_  
 Date of Birth: Day \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_ ID No. \_\_\_\_\_  
 Gender: Male  Female  Mobile No: \_\_\_\_\_  
 P.O Box \_\_\_\_\_ Postal Code: \_\_\_\_\_ PIN No.: \_\_\_\_\_  
 Period from \_\_\_\_\_ to \_\_\_\_\_ (Attach a PIN Cert. Copy)

**2. SCOPE OF COVER**

This will provide monetary payments in the event of bodily injury sustained by the insured. The injury must be caused by violent, accidental, external and visible means subject to the option selected by the insured and will compensate the affected member if injured.

**3. COVER IS AVAILABLE**

- ◆ 24 hours
- ◆ World wide
- ◆ Including extension for riot and strike

**4. REQUIREMENTS**

- ◆ Completion of proposal form
- ◆ Payment of premium

**5. WHO CAN BE COVERED**

- ◆ Person between the ages of 18 to 65 years
- ◆ Persons below the age of 18 can enjoy cover under their parents/guardians policy
- ◆ Person engaged in gainful employment will enjoy cover for weekly loss of income
- ◆ Permanent Kenyan residents

**6. CLAIMS PROCEDURES**

I. Notification to the insurance company should be done as soon as is reasonably possible

II. The following documentation should be submitted to the insurance company:

- ◆ Police abstract in case of road accident or assault
- ◆ Physician examination report
- ◆ Original medical receipts in case medical expenses are incurred
- ◆ Death certificate
- ◆ Burial permit

III. Duly completed CIC claim form



**7. PREMIUM SCHEDULE**

	I	II	III	IV	V	VI	VII
Death	500,000	800,000	1,000,000	2,000,000	5,000,000	8,000,000	10,000,000
Permanent and total disability	500,000	800,000	1,000,000	2,000,000	5,000,000	8,000,000	10,000,000
Temporary total disability	5,000	8,000	10,000	15,000	30,000	40,000	50,000
Medical expenses	70,000	10,000	150,000	200,000	500,000	800,000	1,000,000
Annual Premium per person	1,748	2,652	3,556	5,565	13,099	20,130	25,153
Funeral expenses	50,000	60,000	70,000	80,000	90,000	100,000	150,000
Annual premium per person including funeral expenses	2,000	3,000	4,000	6,000	13,500	20,500	26,000

**BENEFICIARY DETAILS**

	NAME (as per ID Card)	Date of Birth (mm,dd,yyy)	Relationship	Benefit Share	Mobile No.
1					
2					
3					
4					
5					
6				100%	

The policy covers death or injury caused by violent, accidental, external and visible means subject to the option selected by the insured. Please indicate here below your selected benefits- see overleaf for options to choose from.

NAME	1. Self	2.	3.	4.
DATE OF BIRTH				
PLAN				
Annual premium (Ksh)				

Has anyone of the persons to be insured suffered any accident(s) previously?

Yes  No  If yes, please give details including extent of injuries

Does any of the persons to be insured suffer from any physical defect or infirmity?

Yes  No  If yes, please give details

NOTE: funeral expenses are payable within 48 hours.

Death benefit for children below 18 years is limited to a maximum of Ksh. 100,000

Children below 5 years are covered for road risks only.

Premium include taxes

**DECLARATION:**

I, \_\_\_\_\_ do hereby declare that the above answers and statements are TRUE, and that I have withheld no material information regarding this Proposal.

Date: Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

Signature of Proposer:.....

**MODE OF PAYMENT (Tick One):**

- 1. CASH
- 2. CHECK OFF

\_\_\_\_\_