



## PROPOSAL FOR FLEXIPAC(Flexible Personal Accident Cover)

### SECTION A : PERSONAL / CORPORATE DATA

#### (Individual Applicant)

Surname: \_\_\_\_\_ Other Names: \_\_\_\_\_  
PIN No.: \_\_\_\_\_ Place of Work: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Date of Birth: (dd)\_\_\_\_/(mm)\_\_\_\_(yy)\_\_\_\_  
ID/Passport No.: \_\_\_\_\_ Postal Address: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Town: \_\_\_\_\_  
Physical Address: Bldg: \_\_\_\_\_ Floor: \_\_\_\_\_ Street: \_\_\_\_\_  
Office Tel: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Agent / Broker Name \_\_\_\_\_  
Beneficiary: \_\_\_\_\_ Age: \_\_\_\_\_  
Relationship to Insured: \_\_\_\_\_

#### IF BENEFICIARY IS BELOW 18 YEARS

Guardian Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Tel: \_\_\_\_\_

#### (Spouse Details)

Surname: \_\_\_\_\_ Other Names: \_\_\_\_\_  
PIN No.: \_\_\_\_\_ Place of Work: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Date of Birth: (dd)\_\_\_\_/(mm)\_\_\_\_(yy)\_\_\_\_  
ID/Passport No.: \_\_\_\_\_ Postal Address: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Town: \_\_\_\_\_  
Physical Address: Bldg: \_\_\_\_\_ Floor: \_\_\_\_\_ Street: \_\_\_\_\_  
Office Tel: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Agent / Broker Name \_\_\_\_\_  
Beneficiary: \_\_\_\_\_ Age: \_\_\_\_\_  
Relationship to Insured: \_\_\_\_\_

#### IF BENEFICIARY IS BELOW 18 YEARS

Guardian Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Tel: \_\_\_\_\_

### BENEFITS SCHEDULE

BENEFITS	UNIT I	UNIT II	UNIT III	UNIT IV	UNIT V
A. Accidental Death	1,200,000	2,400,000	4,800,000	8,000,000	12,000,000
B. Accidental Permanent Total Disablement (Continental Scale Benefits)	1,200,000	2,400,000	4,800,000	8,000,000	12,000,000
C. Hospital Cash	3,000	5,000	8,000	10,000	12,000
D. Accidental Temporary Total Disablement (Loss of Income) per weeks maximum 104 weeks)	11,000	15,000	20,000	25,000	30,000
E. Accidental Medical Expense	110,000	210,000	260,000	300,000	400,000
F. Artificial Appliance (Accidental Loss)	15,000	20,000	25,000	35,000	50,000
G. Funeral Expenses (Accidental Death)	20,000	30,000	40,000	50,000	60,000
<b>PREMIUM</b>					
Entry Age Bracket 18 - 40	5,400	10,800	21,600	36,000	53,940
Entry Age Bracket 41 - 55	6,000	12,000	24,000	40,000	59,935
Entry Age Bracket 56 - 69	6,660	13,320	26,640	44,400	66,525

## SECTION B : TECHNICAL DETAILS

1. Are you in good health and free from any physical and mental defect or infirmity to the best of your knowledge and belief? Yes ☐ No ☐  
If not, give details \_\_\_\_\_
2. Will you travel to a considerable extent by air or by motor car in the course of your duties? Yes ☐ No ☐  
If so, give details \_\_\_\_\_
3. Will you use machinery? Yes ☐ No ☐  
Definition of machinery – an apparatus with several moving parts used in industry for cutting and shaping things.  
If so, give details \_\_\_\_\_
4. Give particulars of all accidents, which you may have sustained during the last five (5) years.  
\_\_\_\_\_

## SECTION C: PAYMENT DETAILS

MODE OF PAYMENT: ☐ Annual ☐ Semi-Annual ☐ Monthly for units II, III, IV, V

MODE ADJUSTMENT: If other than annual (Adjustment factors: Semi-Annual = 0.55 Monthly = 0.1

Annual Premium Kshs. \_\_\_\_\_ X Adjustment Factor \_\_\_\_\_ = Premium payable Kshs. \_\_\_\_\_

**Please add 0.2% Training Levy, 0.25% Pcf Levy & Kshs 40/= Stamp Duty on the above premiums**

### UNIT SELECTED

1. Proposed Insured: Unit \_\_\_\_\_ Annual Premium Kshs. \_\_\_\_\_
2. Proposed Spouse: Unit \_\_\_\_\_ Annual Premium Kshs. \_\_\_\_\_

## SECTION D: DECLARATION

### i. Privacy Statement

By completing this form, you have provided AIG with your personal information. AIG is committed to protecting the integrity, confidentiality, access and use of personal information that we collect from you in the course of our business.

"Personal Information" is information that identifies and relates to you or other individuals (such as your dependants).

You have the right to access and correct personal data that may be incorrect or incomplete. I hereby authorize AIG to use my personal information for lawful business purposes. For more information on how we handle personal information kindly obtain a copy of our privacy policy from our office.

### ii. Summary of Cover

I acknowledge I have received, read and understood the Summary of cover for this policy.

### iii. Declaration

I/We declare that the statements and particulars in this proposal are true and that I/We have not misstated or suppressed any material facts. I/We agree that this proposal, together with any other information supplied by me/us, shall form the basis of any contract of insurance effected thereon. Signing this proposal form does not bind the proposer or underwriter to complete this insurance.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If Corporate):

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Company Stamp and Date:

## SECTION E: OFFICIAL USE ONLY

Period of Insurance: From: \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_\_. Policy No.: \_\_\_\_\_

To: \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_\_. (both dates inclusive)

First Premium: \_\_\_\_\_ / 0.2% ITL \_\_\_\_\_ / 0.25% PCF \_\_\_\_\_ / Ksh 40/=Stamp Duty: \_\_\_\_\_ Total \_\_\_\_\_.

Producer Code: \_\_\_\_\_

Proposal Status: (Note - check if all requirements are attached)

☐ Approved: \_\_\_\_\_

☐ Deferred: Reason: \_\_\_\_\_.

☐ Rejected: Reason: \_\_\_\_\_

Underwriter's Name: \_\_\_\_\_

Signature: \_\_\_\_\_.

Date: \_\_\_\_\_