

3. Does any of the persons to be insured suffer from any chronic or recurring illnesses? Yes  No

If yes, please give details including extent of injuries .....

.....

.....

**BENEFICIARY (IES) (OPTIONAL)**

**NAME**

**TEL/CONTACT**

1.....

.....

2.....

.....

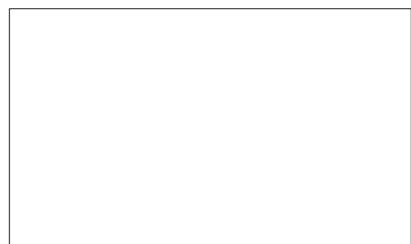
**Declaration**

I do hereby declare that the above answers and statements are true, and that I have withheld no material information regarding this proposal.

Date.....

Signature of Proposer.....

Rubber Stamp/Seal



**CIC INSURANCE GROUP LTD**

*We keep our word*



**CIC Personal Accident**



**CIC INSURANCE GROUP LTD**

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CIC Insurance branch or call **020 282 3000**,  
**0721 632 713** or **0735 750 885**

## PROPOSAL FORM

AGENCY/ BROKER

Name of proposer: Surname:  Other names:

Gender (Male/Female):  Date of Birth:  DD  MM  YR

Occupation:

P.O Box  Code:  Town:

Telephone:  Mobile No:

Period: From:  DD  MM  YR  To:  DD  MM  YR

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			
<b>Name</b>	1.Self.....	2.....	3.....	4.....
<b>Date of Birth</b>				
<b>Plan</b>				
<b>Annual premium (Kshs.)</b>				

1. Has any of the persons to be insured suffered any accident(s) previously? Yes  No

If yes,please give details including extent of injuries .....

.....

.....

2. Does any of the persons to be insured suffer from any physical defect or infirmity? Yes  No

If yes,please give details .....

.....

.....

### 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 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	100,000	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 cover	1,773	2,682	3,591	5,605	13,144	20,180	25,228

### Other benefits at an additional premium

Benefit	Limit	Annual premium per person
Counseling	20,000	201
Physiotherapy	20,000	201

Rates applicable for clerical and administrative (non-manual) occupations

### PLAN OF BENEFITS PER CHILD

BENEFIT	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
<b>Accidental death</b>	50,000	75,000	100,000	150,000	200,000
<b>Permanent disabilities</b>	50,000	100,000	200,000	400,000	500,000
<b>Accidental dental treatment</b>	10,000	10,000	10,000	10,000	10,000
<b>Accident medical expenses</b>	40,000	60,000	70,000	100,000	150,000
<b>Artificial appliances</b>	25,000	30,000	35,000	40,000	50,000
<b>Funeral cover</b>	20,000	20,000	20,000	20,000	20,000
<b>Annual premium per child</b>	367	500	623	879	1,180

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 INCLUDES TAXES

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.

The policy offers benefits under the following categories:

- (i) Death
- (ii) Permanent and total disability
- (iii) Temporary total disability/ weekly loss of income for those in gainful employment
- (iv) Hospital Cash for those in self employment
- (v) Medical expenses on reimbursement basis up to a determined limit
- (vi) Funeral expenses
- (vii) Professional Trauma Counseling
- (viii) Physiotherapy expenses
- (ix) Artificial Appliances

### COVER IS AVAILABLE:

- 24 hours
- Worldwide
- including extension for riots and strike

### REQUIREMENTS

- Completion of proposal form
- Payment of premium

### WHO CAN BE COVERED:

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

### CLAIMS PROCEDURES:

1. Notification to the insurance company should be done as soon as is reasonably possible.
2. The following documentation should be submitted to the insurance company:
  - Police abstract in case of road accident or assault
  - Physician examination reports
  - Original medical receipts in case medical expenses are incurred
  - Death certificate
  - Burial permit
3. Duly completed CIC claim form