



Personal Accident Proposal Form

Note: Answer all questions completely.

The insurance will not be in force until Resolution Insurance Company Limited has accepted the proposal.

The information provided should be true and complete for the contract to be valid.

(Note: Please complete all sections in Block letters and **BLACK** ink)

A. DETAILS OF PROPOSER

Surname Title

First Name (In full) Middle Name

ID No. PP No. Gender M F D.O.B. Height Weight

Employer NHIF No.

Occupation (If more than one state all)

Do you supervise manual labour? Yes No Do you work manually Yes No

Cover period: From To

B. PROPOSER'S CONTACT DETAILS

Telephone (H) Code Number

Telephone (W)

Mobile No.

Alternative Mobile No.

E-mail Address

Postal Address Number Postal Code Town

Residential Address (Estate)

Hse/Flat No. Road Town

C. BENEFITS & EXPERIENCE

1. What actual duties do you perform? (If more than one, state all)

(Tick against your description)

- Office duties
- Office duties with site visits
- Supervision and working
- Commercial traveler (sales person/driver)
- Manual worker

Other (please specify): _____

2. Do you suffer from:

(a) Any sight hearing or any other impairment?

Yes / No

If so explain briefly

(b) Have you ever suffered any serious injury or illness?

Yes / No

If yes, give details

(c) Are you at present in sound health and free of any physical disability?

Yes / No

If not, give details.

3. Do you engage in hazardous sporting activities or pastimes?

Yes / No

If yes, give details

Note: Please note that the following activities and others of a similar nature are not covered unless on a special arrangement, in which case additional premium will be charged: -

Aqualung diving, boxing, climbing or mountaineering necessitating the use of ropes or guides, football (except amateur football), hang gliding, wild hunting, ice hockey, motor racing, motorcycle cycle racing, parachuting, polo, potholing, power boating, racing other than on foot, rugby, show jumping, ski-ing or sledging, water skiing, ice skating, winter sports, wrestling including judo, karate and any other unarmed combat, yachting outside territorial waters and any other hazardous occupations/activities.

4. Are there any circumstances relating with your occupation, health conditions, habits , pastimes and pursuits which would increase the risk of accident or bodily injury to yourself ?

Yes / No

If yes, give details

5. In your normal duties, do you use machinery of any kind?

Yes / No

If yes, give details

6. Do you have a Medical or have you previously had a Medical Insurance cover?

Yes / No

If so please give details

7. Do you , in the course of your duties travel extensively by Air, Car or Motor Cycle?

Yes / No

If so please explain

8. Named Beneficiary

Name: _____ Age: _____ Relationship to insured: _____

Name: _____ Age: _____ Relationship to insured: _____

If beneficiary is below 18 years, give name of appointed Guardian and address (Optional)

INSURANCE HISTORY

1. Do you at present hold or previously held a Personal Accident / Life Insurance Policy?

Yes / No

If yes, please give name of Insurer and Policy Number(s): _____

2. Has any Insurance Company ever:

a) Canceled your Policy?

Yes / No

b) Declined to insure you?

Yes / No

c) Declined to renew your Policy?

Yes / No

d) Imposed any special terms?

Yes / No

e) Declined any claim?

Yes / No

If the answer for any of the above reasons is 'YES'. Please give details.

8. Cover benefits required (Please tick preferred category)

Benefit	Child Guard	Student / Intern Cover	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6	Option 7
Death	100,000	200,000	500,000	1,000,000	2,000,000	3,000,000	5,000,000	7,000,000	10,000,000
Permanent Total Disablement	100,000	200,000	500,000	1,000,000	2,000,000	3,000,000	5,000,000	7,000,000	10,000,000
Temporary Total Disablement (Per Week Max 104 Weeks)			2,000	2,500	3,500	4,000	5,000	6,000	7,000
Accidental Medical Expenses	20,000	25,000	35,000	50,000	100,000	100,000	100,000	150,000	200,000
Funeral Expenses	20,000	25,000	30,000	30,000	50,000	50,000	50,000	50,000	100,000
Hospital Cash			1,500	2,000	2,500	3,000	5,000	6,500	8,000
Artificial Appliances	15,000	15,000	15,000	15,000	20,000	25,000	30,000	40,000	50,000
Tuition during incapacitation(Per Week Max 5 weeks)	10,000								

Entry Age 3-18	1,250								
Entry Age 18-40		1,786	2,475	3,921	7,329	9,707	14,464	19,864	28,157
Entry Age 41-75			2,750	4,357	8,143	10,786	16,071	22,071	31,286

Rates do not include 0.45% tax & Kshs 40/= stamp duty

DEFINITIONS APPLICABLE:

Death - Meaning loss of life as a result of an accident or occupational disease.

Permanent Total Disability - Means inability to engage in any occupation for which the employee is reasonably qualified by education, training or experience as a result of an accident.

Temporary Total/Partial Disablement - Means temporary inability to engage in ones occupation. (Excluding the first seven days)

Accidental Medical Expense - Any medical expense incurred as a result of an accident.

Funeral expenses.

Hospital Cash - Amount paid to one while admitted but subject to 3 night's window period. Usually paid in lump-sum after discharge.

Artificial Appliances - Includes but not limited to walking clutches, wheel chairs, arm strings, neck support, back bands and similar items required by injured employee to support life functions.

Tuition - Tuition costs while incapacitated.

PAYMENT OPTIONS

1. MPESA - Paybill Option, Business No. 503100, Account No. (Please note that the Account No. is not mandatory)
2. Cheque to the company

D. BENEFICIARY

Name

Postal Address

Mobile

Relationship to Proposer

E. DECLARATION

I hereby declare that I am in good health and that I have not been declined or accepted for special terms for personal accident. I warrant that the above statements and particulars are true and complete and I hereby agree that this proposal shall be the basis of the contract between Resolution Insurance Company Limited and me. I am willing to accept a policy document subject to the above terms, exceptions and conditions prescribed by Resolution Insurance Company Limited therein and to pay the premiums thereon.

Signature of Proposer Date: Dated this DD Day of MM 20 YY

For Official Use

Premium Paid : Ksh

Agent/Broker Details

Full name of Agent/Broker

Manager

Code

Number

Telephone Number

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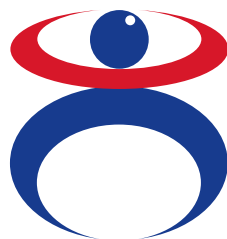
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Agent/Broker Declaration

I hereby declare that I explained the benefits of this application and that the applicant is aware of the membership terms and conditions of Resolution Insurance Company Limited.

Signature of Agent/Broker

Dated this DD Day of MM 20 YY



**RESOLUTION
INSURANCE**

RESOLUTION INSURANCE COMPANY LIMITED

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