

PERSONAL ACCIDENT STANDARD INSURANCE

PROPOSAL FORM

JUBILEE ALLIANZ GENERAL INSURANCE (K) LIMITED

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DIRECTIONS:

Please attach the following documents:

- Copy of Identification Document (Identity Card, Passport and/or Asylum)
- Copy of PIN Certificate

SECTION 1: CUSTOMER INFORMATION

Full Name of Proposer:

Date of Birth: Gender: ☐ Male ☐ Female Marital Status: ☐ Married ☐ Single

Nationality: Citizenship:

Mobile: Telephone:

Email Address:

Postal Address: Postal Code: Town/City:

Physical Address: Income Tax No. (PIN):

Identification Documents

Identification Type	Identification Number	Expiry Date
<input type="checkbox"/> Identity Card	<input type="text"/>	
<input type="checkbox"/> Passport	<input type="text"/>	<input type="text" value="DD/MM/YYYY"/>
<input type="checkbox"/> Asylum	<input type="text"/>	

Are you employed?

☐ Yes ☐ No

Self-employed?

☐ Yes ☐ No

If employed, state your current employer

Occupation: Sector:

Source of Income:

- ☐ Salary ☐ Business Proceeds ☐ Pension (Annuity)
☐ Rent (Real Estate) ☐ Non-Income Generating Dependent

Source of Wealth:

- ☐ Legal Settlement ☐ Winnings (Lottery/Casino/Bettings) ☐ Royalties
☐ Savings ☐ Inheritance ☐ Sale of Investment

- ☐ Donations
 ☐ Sale of Property
 ☐ Rent (Real Estate)
- ☐ Employment
 ☐ Pension
 ☐ Business Proceed

Full Name of Next of Kin:

Relationship: Telephone:

Period of Insurance: From: To:

SECTION 2: PROPOSAL DETAILS

1. Has any company in respect of life assurance or accident insurance ever:

- a. Declined your proposal? ☐ Yes ☐ No
- b. Declined to renew your insurance? ☐ Yes ☐ No
- c. Demanded an increased rate? ☐ Yes ☐ No
- d. Imposed any special terms? ☐ Yes ☐ No

2. Are there circumstances connected with your pursuits or mode of life or hobbies which render you specially liable for injury? ☐ Yes ☐ No

If yes, please give details

INSURANCE PLAN

Please select your preferred insurance plan:

- ☐ Bronze
 ☐ Silver
 ☐ Gold
 ☐ Platinum

In addition to taking cover on yourself, do you wish to cover your spouse and children? ☐ Yes ☐ No

If yes, complete the following table. Start with yourself.

NAME	RELATIONSHIP	AGE	IN PRIMARY SCHOOL OR SECONDARY SCHOOL OR COLLEGE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide details of Beneficiary (s) or Trustee in the event of Accidental Death of the Proposer and his/her address

Name:

Relationship: Contact:

CONSENT AND DECLARATION

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 Jubilee Allianz General 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.)