



## 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

Title		Surname		First Name		Middle Name	
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ID No.	<input type="text"/>	PP No.	<input type="text"/>	PIN No.		<input type="text"/>	
	<input type="text"/>		<input type="text"/>	Gender		<input type="text"/>	
Occupation (If more than one, state all)	<input type="text"/>						
Cover Period	From		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	To
			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### B: PROPOSER'S CONTACT DETAILS

Mobile No.	Code	<input type="text"/>	Number	<input type="text"/>	Alternative No.	Code	<input type="text"/>	Number	<input type="text"/>
Email Address	<input type="text"/>								
Postal Address	Number	<input type="text"/>	Postal Code	<input type="text"/>	Town				
Residential Estate	<input type="text"/>								
	House/Flat No.	<input type="text"/>	Road	Town					
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					

### C: BENEFITS & EXPERIENCE

- Do you suffer from:
  - Any sight hearing or any other impairment? Yes ☐ No ☐  
If so explain briefly
  - Have you ever suffered any serious injury or illness? Yes ☐ No ☐  
If yes, give details
  - Are you at present in sound health and free of any physical disability? Yes ☐ No ☐  
If not, give details.
- Do you engage in hazardous sporting activities or pastimes? Yes ☐ No ☐  
If yes, give details

(Note: Please refer to Activities not Covered overleaf)

- 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

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

Yes☐No☐

If yes, give details

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

Yes☐No☐

If so please give details

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

Yes☐No☐

If so please explain

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.

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	-	-	-	-	-	-	-	-

Rates									
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.
- 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 - pays an immediate lump sum upon the death, to cater for 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 - Go to Paybill Option, Enter Business Number as No. 503100. Account Number is not required
2. Cheque to be written out to Resolution Insurance Company Limited

ACTIVITIES NOT COVERED

1. The following activities are NOT covered:
  - Football except amateur football
  - Parachuting
  - Boxing, soccer, polo, water ski-jumping
  - Power-boating
  - Professional wrestling and martial arts
  - Motor competitions
  - Racing and unarmed combat
  - Flying except air travel
  - Motor-cycling (over 250 c.c.) including Boda Boda Activities
  - Show jumping
  - Yatching outside territorial waters
  - Any pre-existing physical defect or infirmity
  - Child birth or pregnancy of the insured
  - Bodily injury sustained while the insured is insane
  - War, invasion, act of foreign enemy hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power, terrorist attack, political risks.
2. The following activities are **NOT** covered - **BUT** can be bought back at an additional premium

• Aqualung diving	- 15% additional premium	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Use of wood-working machinery	- 20% additional premium	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Climbing/mountaineering hunting	- 15% additional premium	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Winter sports	- 25% additional premium	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Ice hockey	- 25% additional premium	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Political & Terrorism risks	- 25% additional premium	Yes <input type="checkbox"/>	No <input type="checkbox"/>

D: BENEFICIARY

Name

Surname

First Name

Middle Name

Postal Address

Number

Postal Code

Town

Mobile Number

Code

Number

Alternative Number

Code

Number

Relationship to Proposer

D: 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: .....

Dated this    DD    Day of    MM    20 YY

For Official Use

Premium

Basic Premium	
Extension Premium	
Training Levy	
PCF	
Stamp Duty	
Total	

Full Name of Agent/Broker

Account Manager

Code

Number

Code

Number

Telephone Number

Mobile Number

Agent/Broker

Name: .....

Telephone: .....



RESOLUTION INSURANCE COMPANY LIMITED  
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My Health, My Life, My Resolution