



I&M PERSONAL ACCIDENT INSURANCE PROPOSAL FORM.

1. DETAILS OF PROPOSER:

Full Names (BLOCK LETTERS) _____

Address: P.O. Box _____ Code _____ Town _____

Mobile No, _____ Occupation/Business _____

E-mail _____ PIN NO. _____ ID NO _____

2. INSURANCE DETAILS:

Period of insurance: From _____ to _____

Benefits offered under the PA Policy:

Option I: Basic PA. This covers accidental death Only

Cover Type		Sum Insured	Annual Premium Payable
Death only:	Option A	Ksh.500,000/=	Ksh.500/=
Death Only	Option B	Ksh.1,000,000/=	Ksh. 1,000/=

Eligibility: I&M account holders only
: Must be between ages 18-70 years.

Option II: Comprehensive PA Policy: This covers financial losses resulting from accidental death, Permanent Total Disablement , medical expenses resulting from accident and Funeral expenses.

Benefits	SUMS INSURED		
	OPTION "A"	OPTION "B"	OPTION "C"
Accidental Death	500,000	1,000,000	2,000,000
Accidental Permanent Total Disablement	500,000	1,000,000	2,000,000
Temporary Total Disability/Weekly Loss of Income	5,000	10,000	15,000
Accidental Medical Expenses on reimbursement basis	70,000	150,000	250,000
Funeral Expenses	50,000	75,000	100,000
Annual Premium Per Person	Kes. 1,950	Kes. 3,950	Kes. 5,900

Eligibility:
Persons between the ages 18 to 70 years

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 option.

- Option I: (A) or (B)
Option II: (A) or (B) or (C)



1. Have you suffered any accident/s before?

Yes	No
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If yes, please give details including extent of injuries.

2. Do you suffer from any physical defect or infirmity

Yes	No
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If yes, please give details.

3. Do you suffer from any chronic or recurring illnesses

Yes	No
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If yes, please give details.

BENEFICIARY (IES)

Name

Mobile Number

1. _____

2. _____

3. _____

DECLARATION.

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

DATED _____ SIGNATURE OF PROPOSER _____

BANK ACCOUNT NO. _____ ACCOUNT NAME _____

I&M BANK SALES REP's NAME:-----CODE NO.-----

UNDERWRITTEN BY GA INSURANCE COMPANY LIMITED