



PERSONAL ACCIDENT INSURANCE PROPOSAL FORM

AAR INSURANCE KENYA LIMITED
GEORGE WILLIAMSON HOUSE, 4TH NGONG, 2ND FLOOR
P.O. BOX 41766-00100, TEL: 020 - 2895000/2715319
FAX: 020 - 2715328, EMAIL: info@aar.co.ke

MPESA PAYBILL NO: 333200

1. NAME OF PROPOSER _____
LAST NAME OTHER NAMES

2. DATE OF BIRTH _____

3. POSTAL ADDRESS _____ CODE _____ TOWN _____

4. PIN NUMBER _____ ID/PASSPORT NUMBER _____

5. EMAIL ADDRESS _____

6. TELEPHONE _____ MOBILE NUMBER _____

7. PROFESSION/OCCUPATION _____

8. Name of previous insurer(s) _____

9. Will the proposer engage in any sport or pastime involving a particular risk of accidental injury?
YES NO

10. Has the proposer

a) Suffered any accident(s) previously? YES NO

b) Suffered any physical disability? YES NO

c) Suffered from chronic or recurring illness? YES NO

If yes to any of the above, please give details _____

Name of Beneficiary	Relationship	Telephone Contacts	ID Number	Proportion
1				
2				
3				

Note: The proportion above in percentage should total 100%
Please include details of the guardian if beneficiary is below 18 years.

Period of Insurance: From

to

Date /Month/Year

Date /Month/Year

DECLARATION

I /we do hereby declare that the above answers and statements are true, and that I/we have not withheld any material information regarding this proposal.

DATE

Date /Month/Year

Signature of Proposer
Rubber Stamp/Seal.

AGENCY/BROKER _____

MOBILE NO _____

NOTE: THE LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED BY THE COMPANY AND THE PREMIUM PAID.

Please fill in the summary of benefits as per the selected option from the premium Schedule.

	SELF	DEPENDANT 1	DEPENDANT 2	DEPENDANT 3
NAME				
DATE OF BIRTH				
OPTION				
PREMIUM				