

PERSONAL ACCIDENT PROPOSAL FORM - OWN LIFE



1. Name of Proposer in full
2. Postal address Postal code
Telephone - Office House Mobile
Fax Email
3. Date of birth Height Weight
4. Occupation/profession (give full details)
5. Period of Insurance From to
6. Do you work with tools or machinery? Yes No
7. Are you engaged in manual work? Yes No
8. Do you supervise manual work? Yes No
9. What is your weekly income? KShs.
10. Where do you work?
11. Have you previously proposed to insure against accidents with The Jubilee Insurance Company of Kenya Limited, any other company or any underwriter? Yes No
 If 'Yes' state with whom and what was the result
12. Are you proposing to insure against accidents with another company? Yes No
 If 'Yes' give details
13. 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
 If 'Yes' to any of the above, give details
14. Are you insured elsewhere against accidents? Yes No
 If 'Yes' give details

15. Have you ever had an accident requiring medical attention? Yes No

If 'Yes' give details

16. Have you ever made a claim or received compensation for injuries? Yes No

If 'Yes' give details

17. Who is your doctor?

18. How often do you consume alcohol?

19. Has your health suffered due to consumption of alcohol? Yes No

20. Have you ever suffered from

(a) gout? Yes No

(b) diabetes? Yes No

(c) paralysis of any kind? Yes No

(d) a fit of any kind? Yes No

(e) a rupture? Yes No

(f) varicose veins? Yes No

If 'Yes' to any of the above, give details of condition and treatment received

21. Do you ordinarily enjoy good health? Yes No

22. Are you currently suffering from any illness, physical defect or infirmity? Yes No

If 'Yes' provide details

23. Give details of circumstances connected with your pursuits or mode of life or hobbies which render you specially liable for injury

24. Do you engage in motor cycling either as a driver or passenger? Yes No

25. Do you wish to extend the cover at an additional premium for motor cycling risks? Yes No

26. Have you any intention of changing your country of residence in the near future? Yes No

If 'Yes' state which country

27. Do you travel extensively by air? Yes No

28. Approximately how many trips do you take by air in a year?

29. Do you travel long distances by road or rail? Yes No

Give details of the countries you have visited and how often

30. Benefits required	Amount	FOR OFFICIAL USE ONLY	Premium
Death	KShs.	Class	KShs.
Permanent disability	KShs.		KShs.
Temporary total disability	KShs.		KShs.
Medical expenses	KShs.		KShs.
		Motor cycling extension	KShs.
		Loading if any	KShs.
		Total	KShs.

31. Beneficiary in the event of death of the Proposer and address

The liability of The Jubilee Insurance Company of Kenya Limited does not commence until the proposal has been accepted and the premium paid.

DECLARATION

I hereby declare that the above statements and particulars are true and complete and I have not withheld any material information, and I agree that these and any other statements in writing made by myself or anyone acting on my behalf shall form the basis of the contract for which this Proposal Form is completed. I agree to give notice to The Jubilee Insurance Company of Kenya Limited of any material change in the particulars mentioned above.

Date _____
Signature of Proposer _____

CLASSIFICATION OF OCCUPATIONS

Class I

Persons engaged solely in professional, administrative, clerical and non-manual occupations generally such as accountants, architects, auditors, bankers, clergymen, clerks, dentists, lawyers, medical practitioners, secretaries, stockbrokers, surgeons and teachers.

Class II

Persons engaged in work of supervisory nature and others not in Class I, whose duties do not involve the use of tools or machinery or expose them to any special hazard such as auctioneers (not livestock), builders (superintending), civil engineers, commercial travellers, estate agents, farmers (superintending), decorators (superintending), grocers, hairdressers, merchants, pharmacists, plumbers (superintending), salesmen, tailors.

Class III

Persons engaged in manual work not of a particularly hazardous nature but involving the use of tools of machinery such as bakers, builders (not using woodworking machinery), butchers, carpenters (not using woodworking machinery), electrical engineers, farmers, fishmongers, motor or mechanical engineers, painters, plumbers, radio and televisions engineers, veterinary surgeons.

Class IV

Persons engaged in hazardous work (premium will be quoted on application).

RATES OF PREMIUM

Result	Amount of Compensation (see notes)	Class I	Premium Class II	Class III
In the event of an accident resulting in:				
1. Death	per £1,000	33.75	42.00	50.50
2. Permanent Disablement in accordance with Schedule of Compensation	per £1,000	33.75	42.00	50.50
3. Temporary Total Disablement for a maximum period of 52 weeks from the date of accident	per £1 weekly benefit	5.50	7.00	8.50
4. Medical and/or surgical expenses necessarily incurred	Actual bill subject to a maximum of £25	22.50	28.00	33.75

NOTES

- Total amount of compensation in respect of any one accident shall not exceed the sum insured stated under Results 1 or 2. The weekly compensation shall not exceed the actual weekly earnings of the person to be insured.
- Results 3 and 4 may only be insured in conjunction with Result 1 and/or 2.
- Results 1, 2 or 3 must occur within three calendar months of the date of the event.
- Upon admission of a claim for Result 1 or 2, the insurance granted by this Policy shall cease.
- No claims shall be payable for any of the Results until the total amount payable has been determined and no sum payable shall carry any interest.
- Age limit for entry is 16-60 years.
- Minimum premium is KShs.1,000.00

SCHEDULE OF COMPENSATION FOR PERMANENT DISABLEMENT

Description of Permanent Disablement	% of sum selected under Result 2
Loss of two limbs	100
Loss of both hands full of all fingers and both thumbs	100
Total loss of sight of both eyes	100
Total paralysis	100
Injuries resulting in being permanently bedridden	100
Any other disability causing permanent total disablement	100
Loss of arm at shoulder	60
Loss of arm between elbow and shoulder	50
Loss of arm at elbow	47.5
Loss of arm between wrist and elbow	45
Loss of hand at wrist	42.5
Loss of leg at hip	70
Loss of leg between knee and hip	50
Loss of leg below knee	35
Loss of whole eye	30