



**OCCIDENTAL INSURANCE COMPANY LIMITED**

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**PROPOSAL FORM FOR PERSONAL ACCIDENT**

**This proposal form should be completed and signed by the proposer. All questions must be answered. Use BLOCK letters or tick as appropriate.**

Agency \_\_\_\_\_ Account Number \_\_\_\_\_

**PROPOSER'S DETAILS**

**Part A**

1. Name of Proposer: Surname \_\_\_\_\_ Other Names \_\_\_\_\_
  2. Postal Address: P.O Box \_\_\_\_\_ Code \_\_\_\_\_ Town \_\_\_\_\_
  3. Telephone/Mobile No. \_\_\_\_\_ Email address \_\_\_\_\_
  4. Personal Identification No (attach a copy) \_\_\_\_\_
  5. Date of Birth \_\_\_\_\_ Identity Card/Passport No.(attach a copy) \_\_\_\_\_
  6. Profession/Occupation \_\_\_\_\_
  7. Are you employed or self-employed? \_\_\_\_\_
- Period of Insurance From \_\_\_\_\_ To \_\_\_\_\_

**Part B**

1. What actual duties do you perform? (If more than one, state all)

\_\_\_\_\_

Tick against your description

Office duties \_\_\_\_\_ Office duties with site visits \_\_\_\_\_

Supervision and working \_\_\_\_\_ Commercial traveler (sales person/driver) \_\_\_\_\_

Manual worker \_\_\_\_\_

Other (please specify) \_\_\_\_\_

2. Do you suffer from:

(a) Any sight hearing or any other impairment? Yes/ No

If so explain briefly \_\_\_\_\_

(b) Have you ever suffered any serious injury or illness? Yes / No

If yes, give details. \_\_\_\_\_

(c) Are you at present in sound health and free of any physical disability? Yes/No

If not, give details. \_\_\_\_\_

3. Do you engage in hazardous sporting activities or pastimes? Yes / No

If yes, give details \_\_\_\_\_

Note: Please note that the following activities and others of a similar nature are not covered unless on a special arrangement, in which case additional premium will be charged: -

Aqualung diving, boxing, climbing or mountaineering necessitating the use of ropes or guides, football (except amateur football), hang gliding, wild hunting, ice hockey, motor racing, motorcycle cycle racing, parachuting, polo, potholing, power boating, racing other than on foot, rugby, show jumping, ski-ing or sledging, water skiing, ice skating, winter sports, wrestling including judo, karate and any other unarmed combat, yachting outside territorial waters and any other hazardous occupations/activities.

4. 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. \_\_\_\_\_

5. In your normal duties, do you use machinery of any kind? Yes /No

If yes, give details \_\_\_\_\_

6. Do you have a Medical or have you previously had a Medical Insurance cover? Yes / No

If so please give details \_\_\_\_\_

7. Do you , in the course of your duties travel extensively by Air, Car or Motor Cycle? Yes / No

If so please explain \_\_\_\_\_

8. Named Beneficiary

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship to insured \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship to insured \_\_\_\_\_

If beneficiary is below 18 years, give name of appointed Guardian and address

(Optional)

## **PART C:**

### **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) Cancelled 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.

\_\_\_\_\_

**Part D:**

BENEFITS SCHEDULE (Cover required)

**EVENTS BENEFITS PAYABLE**

DEATH KES. \_\_\_\_\_

PERMANENT DISABLEMENT KES \_\_\_\_\_

TEMPORARY TOTAL DISABLEMENT KES \_\_\_\_\_

(Earnings Per week)

MEDICAL EXPENSES KES \_\_\_\_\_

**Declaration**

I declare that the statements and particulars in this proposal are true to the best of my knowledge and that I have not misstated any material facts. I agree that this proposal and the details of information supplied by me shall form the basis of this Insurance.

**Name** \_\_\_\_\_ **Signature** \_\_\_\_\_

Date \_\_\_\_\_ Month \_\_\_\_\_ Year 20 \_\_\_\_\_

**The liability of the Company does not commence until the proposal has been received and accepted and the premium paid to the company.**