

PERSONAL ACCIDENT INSURANCE

PROPOSAL FORM



LION OF KENYA
INSURANCE COMPANY
LTD

Head Office:

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PERSONAL ACCIDENT INSURANCE

THE COVER The policy provides for the payment of the Benefits agreed in the event of an Insured Person sustaining bodily injury caused by violent accidental external and visible means which results in Death or Disablement.

THE PRINCIPAL EXCLUSIONS The Company will not be liable to make any payment for bodily injury

- 1) Sustained while the insured person is under the influence of intoxicants or drugs or suffering from venereal disease or insanity.
- 2) Consequent upon
 - a) an Insured person's wilful exposure to peril (except in an attempt to save human life) or criminal act
 - b) winter sports rock climbing mountaineering (which requires the use of ropes or guides) pot-holing skin-diving parachuting Association football or Rugby football ice hockey riding on a motor cycle motor scooter moped or mechanically assisted pedal cycle, whether as a driver or passenger, polo steeplechasing big game hunting or hunting other than on foot racing of any kind other than on foot.
 - c) medical or surgical treatment except where such treatment is rendered necessary by bodily injury within the scope of this policy
 - d) flying or air travel of any kind other than as a fare paying passenger in an aircraft operated by a recognised airline on a regular scheduled air transport service or in a fully licensed standard type of aircraft (other than a single engine aircraft) operated by air charter company over an established air route
 - e) any condition which is peculiar to females
 - f) any physical defect or infirmity of an Insured Person
 - g) war invasion act of foreign enemy hostilities (whether war be declared or not) civil war rebellion revolution insurrection military or usurped power riot or civil commotion

AGE LIMITS: Persons who are aged under 16 years or over 60 years will not normally be accepted for cover.

LION OF KENYA INSURANCE COMPANY LIMITED

PROPOSAL FORM FOR PERSONAL ACCIDENT INSURANCE

Note :- Please give a definitive answer to each question – ticks or dashes are not sufficient.

1. Name of Proposer in full _____
 2. Postal Address _____
 3. Business or Occupation _____ Tel No _____
 4. Delete Descriptions that do not apply for your Occupation. Superintending only/ Superintending and occasionally working manually/
 Working Manually/ Clerical Duties/ Using Machinery/ Not Using Machinery.

5. Date of Birth _____ 20 _____ Height _____ Weight _____

6. Please give details of the illness or accidents in connection with which you have consulted your Doctor within the last 10 years	Nature of accident or illness	Date	Duration
7. Have you a) any physical defect or infirmity? b) ill health if any description? If so, give details		a) b)	
8. Do you engage in any of the activities listed below? If so, give details a) winter sports, rock climbing, mountaineering (which requires the use of ropes or guides), pot holing, skin diving, scuba, parachuting, football, or rugby football, ice hockey, motor cycling, polo, steeplechasing, big game hunting or hunting other than on foot, water sport of any kind. b) Any other hazardous activities		a) b)	
9. State cover now required . a) Benefit A – Death b) Benefit B – Permanent Disablement c) Benefit C – Temporary Total Disablement d) Benefit D – Medical Expenses incurred in connection with an accident.		a) Shs. b) Shs. c) Shs. Per week d) Shs.	
10. Has any Insurer ever declined your proposal or cancelled or refused to renew your policy?			
11. Do you wish the policy cover to apply to bodily injury consequent upon a) any of the hazardous activities referred to above? If so, please state which one(s) b) riot or civil commotion		a) b)	

DECLARATION

To the best of my knowledge and belief the statements in this proposal and declaration are true. I agree that this proposal and declaration shall form the basis of the contract between me and Lion of Kenya Insurance Company Limited and shall be incorporated therein.

Date _____ Signature of Proposer _____

From what date do you wish cover to commence? _____ day of _____ 20 _____

Note: The liability of the Company does not commence until the acceptance of the proposal has been intimated by the Company.

THE BENEFITS

- (A) In case of death Benefit A
- (B) In case of permanent disablement
- (i) by injury specified in the Permanent Disability Scale } Such Percentage of Benefit B as is specified in the Permanent Disability Scale
 - (ii) by injury not specified in the Permanent Disability scale causing permanent loss of or reduction in the earning capacity of the Insured in any Business or occupation. } Such percentage of Benefit B as is consistent with the percentages specified in the Permanent Disability Scale having regard to the degree of permanent disablement.
- (C) In case of temporary total disablement of the Insured from Attending to or following any Business or occupation } Benefit C per week during such disablement but not exceeding 104 weeks.
- (D) In case of medical expenses (including operation fees cost of surgical appliances and nursing home or hospital charges) necessarily incurred. } The amount of such expenses but not exceeding Benefit D

PERMANENT DISABILITY SCALE

Injury	Percentage	Injury	Percentage
(1) Loss of both hands at or above wrists...	100	(24) one phalanx	2
(2) Loss of both feet at above the ankles ...	100	Loss little finger	
(3) Loss of one hand at or above the wrist and of one foot at or above the ankle	100	(25) three phalanges	4
(4) Loss of all fingers and thumbs of both hands	100	(26) two phalanges	3
(5) Total and irremediable blindness in both eyes	100	(27) one phalanx	2
(6) Total and irremediable paralysis	100	Loss of metacarpals	
Loss of arm –		(28) first or second (additional)	3
(7) at shoulder	60	(29) third fourth or fifth	2
(8) between elbow and shoulder	50	Loss of leg	
(9) at elbow	47½	(30) at hip	70
(10) between wrist and elbow	45	(31) between knee and hip	50
(11) Loss of hand at wrist	42½	(32) below knee	35
(12) Loss of four fingers and thumb of one hand	42½	(33) Loss of foot at ankle	32½
(13) Loss of four fingers	35	(34) Loss of all toes at both feet	15
Loss of thumb		Loss of great toe	
(14) both phalanges	25	(35) both phalanges	5
(15) one phalanx	10	(36) one phalanx	2
Loss of index finger		(37) Loss of toe other than great toe (provided more than one toe is lost) – each	1
(16) three phalanges	10	(38) Loss of one whole eye or total an irremediable	
(17) two phalanges	8	Blindness in one eye	30
(18) one phalanx	4	(39) Irremediable loss of sight (except perception of light) in one eye	30
Loss of middle finger		(40) Loss of lens of one eye	20
(19) three phalanges	6		
(20) two phalanges	4	Total and irremediable deafness	
(21) one phalanx	2	(41) both ears	50
Loss of ring finger		(42) one ear	7
(22) three phalanges	5		
(23) two phalanges	4		

