

3. Does any of the persons to be insured suffer from any chronic or recurring illnesses? Yes No

If yes, please give details including extent of injuries

BENEFICIARY (IES) (OPTIONAL)

NAME TEL/CONTACT

1.....

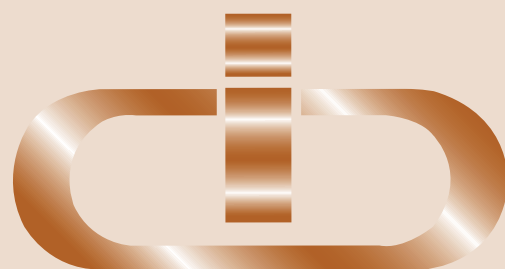
2.....

Declaration

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

Date..... Signature of Proposer.....

Rubber Stamp/Seal



CIC INSURANCE GROUP LTD

We keep our word



CIC Personal Accident



CIC INSURANCE GROUP LTD

We keep our word

For more information visit your nearest
CIC Insurance branch or call **020 282 3000**,
0721 632 713 or **0735 750 885**

This will provide monetary payments in the event of bodily injury sustained by the insured.

The injury must be caused by violent, accidental, external and visible means subject to the option selected by the insured and will compensate the affected member if injured.

The policy offers benefits under the following categories:

- (i) Death
- (ii) Permanent and total disability
- (iii) Temporary total disability/ weekly loss of income for those in gainful employment
- (iv) Hospital Cash for those in self employment
- (v) Medical expenses on reimbursement basis up to a determined limit
- (vi) Funeral expenses
- (vii) Professional Trauma Counseling
- (viii) Physiotherapy expenses
- (ix) Artificial Appliances

COVER IS AVAILABLE:

- 24 hours
- Worldwide
- including extension for riots and strike

REQUIREMENTS

- Completion of proposal form
- Payment of premium

WHO CAN BE COVERED:

- Persons between the age of 18 to 65 years
- Persons below the age of 18 can enjoy cover under their parents/guardians policy
- Persons engaged in gainful employment will enjoy cover for weekly loss of income
- Permanent Kenyan Residents

CLAIMS PROCEDURES:

1. Notification to the insurance company should be done as soon as is reasonably possible.
2. The following documentation should be submitted to the insurance company:
 - Police abstract in case of road accident or assault
 - Physician examination reports
 - Original medical receipts in case medical expenses are incurred
 - Death certificate
 - Burial permit
3. Duly completed CIC claim form

PREMIUM SCHEDULE

| | I | II | III | IV | V | VI | VII |
|--|---------|---------|-----------|-----------|-----------|-----------|------------|
| Death | 500,000 | 800,000 | 1,000,000 | 2,000,000 | 5,000,000 | 8,000,000 | 10,000,000 |
| Permanent total disability | 500,000 | 800,000 | 1,000,000 | 2,000,000 | 5,000,000 | 8,000,000 | 10,000,000 |
| Temporary total disability | 5,000 | 8,000 | 10,000 | 15,000 | 30,000 | 40,000 | 50,000 |
| Medical expenses | 70,000 | 100,000 | 150,000 | 200,000 | 500,000 | 800,000 | 1,000,000 |
| Annual premium per person | 1,748 | 2,652 | 3,556 | 5,565 | 13,099 | 20,130 | 25,153 |
| Funeral expenses | 50,000 | 60,000 | 70,000 | 80,000 | 90,000 | 100,000 | 150,000 |
| Annual premium per person including funeral expenses cover | 1,773 | 2,682 | 3,591 | 5,605 | 13,144 | 20,180 | 25,228 |

Other benefits at an additional premium

| Benefit | Limit | Annual premium per person |
|---------------|--------|---------------------------|
| Counseling | 20,000 | 201 |
| Physiotherapy | 20,000 | 201 |

Rates applicable for clerical and administrative (non-manual) occupations

PLAN OF BENEFITS PER CHILD

| BENEFIT | PLAN 1 | PLAN 2 | PLAN 3 | PLAN 4 | PLAN 5 |
|-----------------------------|--------|---------|---------|---------|---------|
| Accidental death | 50,000 | 75,000 | 100,000 | 150,000 | 200,000 |
| Permanent disabilities | 50,000 | 100,000 | 200,000 | 400,000 | 500,000 |
| Accidental dental treatment | 10,000 | 10,000 | 10,000 | 10,000 | 10,000 |
| Accident medical expenses | 40,000 | 60,000 | 70,000 | 100,000 | 150,000 |
| Artificial appliances | 25,000 | 30,000 | 35,000 | 40,000 | 50,000 |
| Funeral cover | 20,000 | 20,000 | 20,000 | 20,000 | 20,000 |
| Annual premium per child | 367 | 500 | 623 | 879 | 1,180 |

Funeral expenses are payable within 48 hours.

Death benefit for children below 18 years is limited to a maximum of Ksh. 100,000

Children below 5 years are covered for road risks only

PREMIUM INCLUDES TAXES

PROPOSAL FORM

AGENCY/ BROKER

Name of proposer: Surname: Other names:

Gender (Male/Female): Date of Birth: DD MM YR

Occupation:

P.O Box Code: Town:

Telephone: Mobile No:

Period: From: DD MM YR To: DD MM YR

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 benefits - See overleaf for options to choose from.

| Name | NAME | | | |
|------------------------|-------------|--------|--------|--------|
| | 1.Self..... | 2..... | 3..... | 4..... |
| Date of Birth | | | | |
| Plan | | | | |
| Annual premium (Kshs.) | | | | |

1. Has any of the persons to be insured suffered any accident(s) previously? Yes No

If yes,please give details including extent of injuries

2. Does any of the persons to be insured suffer from any physical defect or infirmity? Yes No

If yes,please give details

