

SECTION B : TECHNICAL DETAILS

5. The following activities are not covered but extensions can be made upon the indicated additional premiums being loaded
☐ Aqualung Diving 15% ☐ Hunting 15% ☐ Ice hockey 25%
☐ Use of Wood-working machinery 20% ☐ Winter Sports 25%
Please tick the extension (s) required
6. Has the proposed Insured previously held a Personal Accident Policy? Yes ☐ No ☐
If so, give name of the insurance Company, Branch, Address and Policy Number _____
7. Has any insurance in connection with Accidents, Sickness or Life insurance in respect of your life:
a) Deferred or declined a proposal, refused renewal or terminated an insurance? Yes ☐ No ☐
b) Required an increased premium or imposed special conditions? Yes ☐ No ☐
If so give details _____

SECTION C : PAYMENT DETAILS

MODE OF PAYMENT: ☐ Annual ☐ Semi-Annual

MODE ADJUSTMENT: If other than annual (Adjustment factors: Semi-Annual = 0.55

Annual Premium Kshs. _____ X Adjustment Factor _____ = Premium payable Kshs. _____

Please add 0.2% Training Levy, 0.25% Pcf Levy & Kshs 40/= Stamp Duty on the above premiums

UNIT SELECTED

1. Proposed Insured: Unit _____ Annual Premium Kshs. _____
2. Proposed Spouse: Unit _____ Annual Premium Kshs. _____

SECTION D : DECLARATION

I/We declare that the statements and particulars in this proposal are true and that I/We have not misstated or suppressed any material facts. I/We agree that this proposal, together with any other information supplied by me/us, shall form the basis of any contract of insurance effected thereon.

Signing this proposal form does not bind the proposer or underwriter to complete this insurance.

Executed at this _____ day of _____ 20_____

For and on behalf of:

Name: _____

Signature: _____ Date: _____

(If Corporate): Designation of contact person: _____

Company Stamp:

SECTION E : Official use only

Period of Insurance: From: _____ / _____ / 20 _____ Policy No.: _____

To: _____ / _____ / 20 _____ (both dates inclusive)

First Premium: _____ / 0.2% ITL _____ / 0.25% PCF _____ / Ksh 40/=Stamp Duty: _____ Total _____

Producer Code: _____

Proposal Status: (Note - check if all requirements are attached)

☐ Approved: _____ ☐ Deferred: Reason: _____

☐ Rejected: Reason: _____ Underwriter's Name: _____

Signature: _____ Date: _____



SUBJECT TO POLICY TERMS AND CONDITIONS



CONTACTS

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Flexipac



Bring on tomorrow



HOW DO I GET THE COVER?

- 1) Fill in a proposal which you can obtain from any AIG offices, your agent or broker.
- 2) Policy document will be available same day.
- 3) You can get additional covers like winter sports and hunting etc. For more information on the additional covers please contact your agent/broker or any AIG offices.
- 4) We can also provide benefits outside the five indicated options on request.

ELIGIBILITY

- Permanent Residents in Kenya
- Aged between 18 - 69 years at entry
- Aged between 18 - 75 years for renewals

WHY TAKE FLEXIPAC?

- Accidents can happen anywhere - at home, whilst travelling during business or recreation even while asleep. The families of accident victims may be denied their breadwinner, often at a time when debts are highest and savings lowest. Because they occur suddenly, few families are prepared to meet the huge hospitalization bills, continuing cost of education, mortgage repayments, outstanding credit card bills and other household bills to name but a few. Special nursing may be needed or house conversion to cope with the result of an accident.
- Take Flexipac today - as tomorrow may be too late !!

BENEFITS

	UNIT I	UNIT II	UNIT III	UNIT IV	UNIT V
Accidental Death	1,200,000	2,400,000	4,800,000	8,000,000	12,000,000
Accidental Permanent Total Disablement (Continental Scale Benefits)	1,200,000	2,400,000	4,800,000	8,000,000	12,000,000
Hospital Cash	3,000	5,000	8,000	10,000	12,000
Accidental Temporary Total Disablement (Loss of Income) per week maximum 104 weeks	11,000	15,000	20,000	25,000	30,000
Accidental Medical Expense	110,000	210,000	260,000	300,000	400,000
Artificial Appliance (Accidental Loss)	15,000	20,000	25,000	35,000	50,000
Funeral Expenses (Accidental Death)	20,000	30,000	40,000	50,000	60,000

PREMIUM

Entry Age bracket 18 – 40	5,400	10,800	21,600	36,000	53,940
Entry Age bracket 41 - 55	6,000	12,000	24,000	40,000	59,933
Entry Age bracket 56 - 69	6,660	13,320	26,640	44,400	66,525

NB: Please add the following levies to the above premiums:

- 0.2% Insurance Training Levy
- 0.25% Policy Holder Compensation Fund
- 40.00 Stamp Duty

PROPOSAL FOR FLEXIPAC (Flexible Personal Accident Cover)

(Individual Applicant)

Surname:_____

PIN No.: _____ (Please attach copy)

Occupation:_____

ID/Passport No.: _____

Postal Code:_____

Physical Address: Bldg: _____

Office Tel:_____

Cell Phone:_____

Agent / Broker Name_____

Beneficiary:_____

Relationship to Insured:_____

IF BENEFICIARY IS BELOW 18 YEARS

Guardian Name: _____

Other Names:_____

Place of Work:_____

Date of Birth: (dd)_____/ (mm)_____(yy) _____

Postal Address:_____

Town:_____

Floor: _____ Street: _____

Fax No.:_____

Email Address:_____

Age:_____

Address:_____

Tel:_____

(Spouse Details)

Surname:_____

PIN No.: _____ (Please attach copy)

Occupation:_____

ID/Passport No.:_____

Postal Code:_____

Physical Address: Bldg:_____

Office Tel:_____

Cell Phone:_____

Agent / Broker Name_____

Beneficiary:_____

Relationship to Insured:_____

IF BENEFICIARY IS BELOW 18 YEARS

Guardian Name:_____

Other Names:_____

Place of Work:_____

Date of Birth: (dd)_____/ (mm)_____(yy) _____

Postal Address:_____

Town:_____

Floor: _____ Street: _____

Fax No.:_____

Email Address:_____

Age:_____

Address:_____

Tel:_____

SECTION B : TECHNICAL DETAILS

1. Are you in good health and free from any physical and mental defect or infirmity to the best of your knowledge and belief? If not, give details _____

☐ Yes ☐ No

2. Will you travel to a considerable extent by air or by motor car in the course of your duties? If so, give details _____

☐ Yes ☐ No

3. Will you use machinery?
Definition of machinery – an apparatus with several moving parts used in industry for cutting and shaping things. If so, give details _____

☐ Yes ☐ No

4. Give particulars of all accidents, which you may have sustained during the last five (5) years.
