



INTRAFRICA ASSURANCE COMPANY LIMITED

(Incorporated in Kenya)

HEAD OFFICE

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BRANCH OFFICE

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PROPOSAL FORM – PERSONAL ACCIDENT.

Agency name: _____

1. Full name of proposer _____

2. Pin number (please attach copy): _____

3. Certificate of Registration/Incorporation/ID/Passport

(Please Attach copy) _____

4. Contact Details:

Mobile: _____

Email: _____

Postal: _____

Code: _____

Town/city: _____

Web: _____

Fax: _____

Tel: _____

Period of insurance: From: _____ To: _____

5. A). Profession or occupation: _____

Please describe fully _____

B). Does your occupation, require you to engage in manual labour? _____ Yes/No

Give details _____

C). What is your average monthly income? KES _____

6. Have you suffered from:

Rupture(hernia) _____ Yes/No

Any form of chronic _____ Yes/No.

Varicose veins _____ Yes/No

Back strain _____ Yes/No.

Slipped disc _____ Yes/No

Impairment of hearing _____ Yes/No.

Impairment of sight _____ Yes/No

or hearing complaint _____ Yes/No.

Infection of eyes _____ Yes/No

Discharge from the ear _____ Yes/No.

Heart disease _____ Yes/No

Duodenal or gastric ulcer _____ Yes/No.

Fits or blackouts _____ Yes/No

Any form or paralysis _____ Yes/No.

7. Have you any physical defect or infirmity? _____

8. Have you sustained injury by accident(s) during the last five years? _____

If so, give dates, nature of injury(ies) and period(s) of disablement

9. A. Have you ever proposed for Personal Accident and/or Life Insurance? _____

If so, give name of each Company and amount of Insurance. _____

- B. Has any company:
- i. Declined to issue a policy to you? _____
 - ii. Declined to continue your insurance? _____
 - iii. Not invited the renewal of your policy? _____
 - iv. Imposed any restrictions or special conditions? _____
- If so, give names of each Company. _____

C. Is this Insurance to be additional to any other Accident and/or sickness Policy?

If so give particulars of all other policies.

Name of company _____ Sum Insured _____

Policy No _____

10. Amount of Insurance for death or P.D. _____ Class: _____ Table: _____
 Accidental Medical Expenses: _____ Temporary Total Disablement: _____
 (Per week max 104 weeks).

11. Beneficiary in the event of death: A). Name: _____
 B). Relationship: _____ Age: _____

I hereby warrant and declare the truth of all the above statements and that I have not withheld any material information and I agree that this proposal shall be the basis of the contract between me and Intra Africa Assurance Co. Ltd. And I agree to notify the company of any material alteration in my occupation, health or habits and to accept a policy subject to the terms, exceptions and conditions prescribed by the company.

Date of proposal: _____ Signature: _____

FOR OFFICIAL USE	POLICY NO.	PREMIUM
<p>PAID RNO.....DATE.....</p>		

BENEFITS IN THE EVENT OF AN ACCIDENT

1. Death.....Capital Sum.
2. Permanent Disablement.....Percentage of Capital Sum as given below
3. Temporary Total Disablement.....of Capital Sum per week (Maximum actual weekly salary)
4. Medical and surgical expenses necessarily incurred in connection with an accident covered under the Policy will be paid up to 25% of a valid claim or 2% of sum insured whichever is less. (unless otherwise specified)

PREMIUM RATES (PERCENT)

TABLE	BENEFITS	CLASS I	CLASS II	CLASS III	CLASS IV
A	1. Death 2. Disablement (as per scale)	0.25%	0.3%	0.35%	0.4%
B	Temporary Total Disablement (Max actual weekly salary)	20%	25%	30%	35%
C	Accidental Medical Expenses (Max 100 000)	2%	2.5%	3%	3.5%

CLASSIFICATION OF OCCUPATION

- CLASS I Professionals, Administrative, Secretarial, Clerical and Managerial classes. Dentists don't engage in manual work, Shopkeepers and shop assistants not using machinery and not involved in any special hazard
- CLASS II Commercial Travelers, Shopkeepers and Shop assistants, who do not come within Class I and persons whose duties are mainly supervisory.
- CLASS III Veterinary Surgeons, Light Engineering, Private Motor Cars and Light Van Drivers.
- CLASS IV Farming, Agricultural Contractors, Garage and Motor Mechanics, Buildings and Allied Trade (excluding us of woodworking machinery) and other occupations of similar hazard (Rates on Application) Lorry and Truck Drivers.

NOTE: Occupations not included in those classifications will be considered on request.

Note:

1. No one compensation shall be payable under more than one of items A(1 and 2), and B.
2. Benefit B is payable up to 104 weeks only.
3. Benefit B and C can only be taken in conjunction with Benefit A.
4. The aggregate amount payable under Benefit B shall not exceed 1% of the sum insured under Benefit A or 25% of the monthly earnings (which ever is lower).

ANNEXTURE

COMPENSATION UNDER BENEFIT 2

	Percentage payable of capital sum		Percentage payable of capital sum
A). Permanent total disability from attending to employment, occupation or business of any kind whatsoever	100	I). Loss of index fingers:-	
		Three phalanges	10
		Two phalanges	8
		One phalanx	4
B) Loss of two limbs	100	M). Loss of middle finger:-	
		Three phalanges	6
		Two phalanges	4
		One phalanx	2
C). Total loss of sight of both eyes	100	N). Loss of ring finger:-	
		Three phalanges	5
		Two phalanges	4
		One phalanx	2
D). Loss of one eye	50	O). Loss of little finger:-	
		Three phalanges	4
		Two phalanges	3
		One phalanx	2
E). Loss of toes - all	20	P). Loss of metacarpals:-	
Great both phalanges	5	First or second (additional)	3
great, one phalanx	2	Third, fourth or fifth (additional)	2
other than great, if more than one toes lost, each	1		
F). Loss of hearing - both ears	50		
G). Loss of - hearing one ear	15		
H). Loss of one arm at or above wrist	50		
I). Loss of four fingers & thumb of one hand	42.5		
J). Loss of four fingers	35		
K). Loss of thumb - both phalanges	25		
One phalange	10		

EXCLUSIONS:-

The policy does not cover Death, Disablement or Medical Expenses arising:-

1. Whilst the Insured person is in the service or on duty with any armed forces.
2. From the Insured person committing or attempting to commit suicide or from intentional self injury.
3. Whilst the Insured person is of unsound mind or whilst under the influence of drugs or alcohol.
4. From Medical or Surgical treatment except where such treatment is rendered necessary by bodily injury caused by an accident within the scope of this policy.
5. From the Insured person's willful exposure to a peril (except in an attempt to save human life).
6. From the Insured person suffering from any pre-existing defect or infirmity.
7. Whilst the Insured person is engaged in aviation other than air travel (i.e. Mounting into, travelling in or dismounting from any fully licensed passenger carrying aircraft as a passenger but not as a member of the crew nor for the purpose of engaging in any trade or technical operation therein).
8. From any consequence of War, Invasion, Act of Foreign Enemy, Hostilities (Whether war be declared or not), civil war, rebellion, revolution, insurrection, or military or usurped power, provoked assault or civil commotion or the Insured person taking part in Strike, or riots of any kind.
9. From child birth or pregnancy or other physical causes peculiar to the female sex.
10. From ionizing radiations or contamination by radioactivity from any nuclear fuel or nuclear weapons material or from any nuclear waste from the combustion of nuclear fuel.
11. From the Insured person engaging in any of the following activities or other sports in pastime involving exceptional risk of accident.

Aqualung Diving.

Ski-ing or sledging.

Motor-Cycling whether as a passenger or driver

Climbing or mountaineering necessitating the use of ropes or guides

Use of woodworking machinery

Football (except amateur soccer).

Water skiing, jumping and tricks.

Winter sports

Racing other than on foot.

Wrestling including judo, karate and unarmed combat.

Ice hockey

Yachting outside territorial waters.

Motor Competitions

Boxing

Steeple chasing.

Parachuting

Polo

Pot-holing

Power boating

Hang gliding.

Rugby

Hunting

Show jumping

The above activities can be covered by special arrangements in some cases if so required. But the company reserves the right to accept or decline the cover.

Note:

1. Age limits 18 to 65.
2. Not renewable after age 65.