

▶ CBA Insurance Forms

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GROUP CREDIT, MORTGAGE PROTECTION, PLOT/ AUTO LOAN,CREDIT CARD AND LAST EXPENSE INSURANCE INDIVIDUAL PROPOSAL FORM

Personal Details

First name(s): _____ Surname: _____

Mobile No.(1): _____ Mobile No.(2): _____

E-mail Address(1): _____ E-mail Address(2): _____

Date of Birth:

ID No./ Passport No.:

Account Name: _____ Branch Name: _____

Account Number:

PIN:

Particulars of Loan (Please complete only the section specific to your facility)

SECTION 1: UNSECURED PERSONAL LOANS AND PERSONAL OVERDRAFTS (choose the preferred benefit schedule option)

Tick	Benefits Schedule	Loan Amount	Tenor (Months)	Rate Per Month	Premium Payable	Signature
<input type="checkbox"/>	Death, Disability & Retrenchment			0.034% per month		
<input type="checkbox"/>	Death & Disability			0.021% per month		

Tick	Benefits Schedule	Loan Amount	Tenor (Months)	Rate Per Month	Premium Payable	Signature
<input type="checkbox"/>	Death, Disability & Retrenchment			0.034% per month		
<input type="checkbox"/>	Death & Disability			0.021% per month		

SECTION 2: MORTGAGE/ PLOT/ AUTO LOAN (choose the preferred benefit schedule option)

Tick	Benefits Schedule	Loan Amount	Tenor (Months)	Rate Per Annum	Premium Payable	Signature
<input type="checkbox"/>	Death, Disability & Retrenchment			0.0575% per annum		
<input type="checkbox"/>	Death & Disability			0.05% per annum		

Tick	Benefits Schedule	Loan Amount	Tenor (Months)	Rate Per Annum	Premium Payable	Signature
<input type="checkbox"/>	Death, Disability & Retrenchment			0.0575% per annum		
<input type="checkbox"/>	Death & Disability			0.05% per annum		

SECTION 3: CARD INSURANCE (choose the preferred benefit schedule option)

Credit Card

Select card type: Classic Gold Platinum

Tick	Benefits Schedule	Rate Per Month	Customer Signature
<input type="checkbox"/>	Death; Disability; Fraudulent Use; Retrenchment, if applicable	0.031% of total card limit	

Debit Card

Tick	Benefits Schedule	Annual premium payable	Customer Signature
<input type="checkbox"/>	ATM Robbery following hijack, Fraudulent card use	Kshs. 150	

SECTION 4: LAST EXPENSE INSURANCE (input limit amount)

Tick	Benefits Schedule	Limit Amount	Rate Per Annum	Premium Payable	Customer Signature
<input type="checkbox"/>	Last expense				

Important Notice

- a) Customer may be required to submit to a medical examination by an appointed practitioner
- b) Premium payable may vary depending on loan amount and tenor
- c) Premium payable will be based on final approved loan/limit
- d) Premium rates may vary depending on customer age, medical underwriting report and if jointly insured

DOMESTIC PACKAGE INSURANCE APPLICATION FORM

1. Details of Proposer (applicable to individuals):

First Name(s) _____ Surname _____
Postal Address _____ Postal Code _____ ID No. _____ PIN No. _____
Date of Birth _____ Occupation _____ Tel No. _____ Mobile No. _____
Fax No. _____ E-mail Address _____

2. Company details (applicable to businesses):

Company Name _____
Postal Address _____ Postal Code _____ ID No. _____ PIN No. _____
Nature of Business _____
Tel No. _____ Fax No. _____ E-mail Address _____

3. Details of Residential Building to be Insured:

Physical Location _____ Plot Number _____

Materials used to construct

Walls Roof Outbuildings

Type of residence (tick whichever is applicable)

Bungalow Maisonette Town House Flat/ Apartment

Other type (Specify) _____

Give details of any business, profession or trade carried out in any portion of the premises of which the residence forms part

Indicate whether the residence is solely in your occupation _____ or rented out _____ Security in place
(tick whichever is applicable)

Burglar proof Siren Panic button Security guards

Alarm linked with armed response Other type (Specify) _____

Building Sum Insured _____

4. Period of Insurance from _____ to _____

5. Indicate Bank Details if Interest is to be noted _____

I/We warrant that the above statements and particulars are true.

(This application form is deemed to form part of the Proposal Form forming part of the Master Policy issued by the Insurance Company to Commercial Bank of Africa)

Signature _____

Date _____

INSURANCE DISCLOSURE STATEMENT

1. CBA Insurance Agency Limited (CBAIA) is the preferred insurance agency of CBA. However you are at liberty to choose another insurance agency of your choice. Should you choose to use CBAIA, it has an agreement with the following panel of insurance companies for insurance covers relating to credit facilities financed by the Bank.

Unsecured Personal Loans/ Personal Overdrafts/Mortgage/Auto Loan	Credit Life Cover – Personal Unsecured Credit Cards	Domestic Package
<ul style="list-style-type: none">• British American Insurance Company• Liberty Life Assurance Company• UAP Insurance Company• APA Insurance Company	<ul style="list-style-type: none">• Liberty Life Assurance Company	<ul style="list-style-type: none">• AIG Kenya Insurance Company

2. I understand that I have a choice of using an insurance provider, of my own choice. However, Commercial Bank of Africa Limited (CBA) reserves the right to decline my choice on reasonable grounds.
3. I also understand that if I opt for my own choice of insurance provider, I am required to arrange with the preferred insurance company to assign the cover to Commercial Bank of Africa Limited (CBA) to the extent of the loan amount/ credit card limit and total tenor applied for and the bank will reserve the right to verify the details of the assigned policy. I also understand that I must present the assigned policy document to the Bank prior to my facility being disbursed.

Customer Name _____

Signature _____

Date _____

BENEFITS, SCOPE OF COVER AND EXCLUSIONS SUMMARY

1. Benefits - Personal Unsecured/ Mortgage/ Plot/ Auto Loans/ Personal Overdrafts

a. Death Benefits

Benefits is payable in case of death due to an accident or illness. Benefits payable is the amount of loan outstanding at the time of death excluding any arrears due to non-payment of loan.

b. Funeral Expense benefit

This benefit is payable to the nominated beneficiary within 48 hours of notification and documentation of death. In case of joint life assured, the benefits is payable on first death only.

c. Disability Benefit

If you become permanently and totally incapacitated because of injury or illness and prevented from following your own, or any similar occupation, for more than six (6) consecutive calendar months from the date of such injury or illness, the benefits will be treated in the same manner to No.1(a). However, there will be a six (6months) waiting period from the commencement date during which only permanent and total disability claims resulting from accident and not natural illness will be paid.

d. Retrenchment Benefit

This benefit is payable in the event of you being retrenched and being without employment for a period exceeding 30 continuous days from the date of retrenchment. The benefit amount is the monthly loan instalment payable to the bank for a period of 9 months, or up to the date of re-employment whichever is earlier. The payment shall exclude any instalment arrears or charges. It is payable once in a life time of the facility.

2. Benefits - Credit Card

a. Death Benefits

Benefit is payable in case of death due to accident or illness. Benefit payable is the total credit card limit. The Bank shall pay off the outstanding credit card bill and pay the balance to the nominated beneficiaries.

b. Disability Benefit

If you become permanently and totally incapacitated because of injury or illness and prevented from following your own, or any similar occupation, for more than six (6 months) consecutive calendar months from the date of such injury or illness, the benefits will be treated in the same manner to No.1 a. However, there will be a three (3months) waiting period from the commencement date during which only permanent and total disability claims resulting from accident and not natural illness will be paid.

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This benefit is payable in the event of you being retrenched and being without employment for a period exceeding 30 continuous days from the date of retrenchment. The benefit amount is the monthly card instalment payable to the bank for a period of 9 months, or up to the date of re-employment whichever is earlier. The payment shall exclude any instalment arrears or charges. It is payable once in a life time of the facility.

3. Exclusions

a. Death and Disability

- i) Suicide
- ii) Death/ Disability resulting directly or indirectly from intentional self-injury, indulgence in alcohol or drugs not prescribed by a registered Medical Practitioner, mental illness or any other nervous disorder, Aviation other than as a fare paying passenger travelling on a scheduled flight of a recognized airline, racing, hunting, any other hazardous sports.

Death /disability arising directly or indirectly from active participation in mutiny riot strikes military or popular uprising insurrection rebellion revolution military or usurped power invasion act of foreign enemy hostilities or war like activities.

b. Retrenchment

If you are carrying out your own business, Resignation acceptance of voluntary retrenchment, Expiry of a fixed term contract, casual /temporary workers, retirement, dismissal due to fraud, dishonesty or any illegal conduct, participating in strike action, labour disturbance and political actions.

4. Claims documents required for benefit payment.

a. For a Death Claim:

- CBA's forwarding letter
- Copy of certified certificate of death
- In case of accidental death, we require a police abstract or post mortem report
- Copy of the National Identity Card or Passport or Certificate of surrender of ID
- Certified copy of Loan Statement of Account
- Certified copy of Loan application form
- Certified copy of Loan appraisal form
- Corresponding amortization table

b. For a Retrenchment Claim

- Certified copy of the retrenched person's ID
- Certified copy of the retrenchment letter
- Certified copy of Loan application form
- Certified copy of Loan appraisal form
- Certified copy of Loan offer letter
- Certified copy of Loan statement
- Certified copy of employment letter

c. For an ATM Robbery and Hijack Claim

- Certified copy of ID
- Certified copy of PIN
- Bank Verification of theft
- Signed and stamped police incident report

5. Premium rates

Special rates for customers aged over 65 years and joint Life Assured can be obtained from Commercial Bank of Africa (CBA) Premium rates for customers required to undergo medical tests will be provided by the underwriters after completion of the medical reports review process.

6. Premium refunds

Premium refunds for the unutilized portion will be processed either on top - up or early redemption of the loan and will be refunded within 45 days of disbursing the top up loan or redemption of the loan. The amount refundable will be based on the unexpired term (in months) less administration and commission charges. The administration and commission charges are subject to review from time to time.

7. Note

The above is a summary of the cover provided under the Master Policies. In the event of any inconsistencies between this summary and the provisions contained in the Master Policies, the latter shall prevail over the former. The Master Policies are under the custody of the Bank.

8. Contacts address for Enquiries

CBA Insurance Agency
Bancassurance Department
Tel: +254 288 4444
Email: bancassurance@cbagroup.com

INSURANCE DISCLOSURE STATEMENT

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Signature _____

Date _____

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c. Disability Benefit

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