



Bancassurance Personal Accident Policy



Proposal Form

- 1. Name of the Proposer \_\_\_\_\_
- (i) Occupation \_\_\_\_\_ ID Number \_\_\_\_\_
- (ii) Postal address \_\_\_\_\_
- (iii) Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

2. (I) Cover With Medical Option – 6 Options as follows:-

	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6
Death	2,000,000	1,500,000	1,000,000	500,000	300,000	150,000
Permanent Total Disablement	2,000,000	1,500,000	1,000,000	500,000	300,000	150,000
Medical Expenses	250,000	200,000	150,000	100,000	50,000	30,000
Last Expense	75,000	75,000	65,000	65,000	30,000	20,000
<b>Annual Premium</b>	<b>3,625</b>	<b>2,875</b>	<b>2,075</b>	<b>1,325</b>	<b>700</b>	<b>400</b>

(II) Cover Without Medical Option – 6 Options as follows:-

	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6
Death	2,000,000	1,500,000	1,000,000	500,000	300,000	150,000
Permanent Total Disablement	2,000,000	1,500,000	1,000,000	500,000	300,000	150,000
Last Expense	75,000	75,000	65,000	65,000	30,000	20,000
<b>Annual Premium</b>	<b>2,375</b>	<b>1,875</b>	<b>1,325</b>	<b>825</b>	<b>450</b>	<b>250</b>

- 3. Period of Cover: From \_\_\_\_\_ To \_\_\_\_\_
- 4. Are you in good state of health and free from physical and mental defects or infirmity to the best of the proposer’s knowledge and belief  Yes  No  
If not please give details \_\_\_\_\_
- 5. Give particulars of all accidents which you have suffered during the last three years  
\_\_\_\_\_
- 6. Next of Kin  
Name \_\_\_\_\_ ID Number \_\_\_\_\_  
Contact \_\_\_\_\_
- 7. I authorize the bank to debit my **Be More** Account No. \_\_\_\_\_ with the applicable premium under Section 2 (I) Option \_\_\_\_\_ Or Section 2(II) Option \_\_\_\_\_

Declaration

All statements in this application are true and complete to the best of my knowledge and belief and they shall form part of my contract with Britam Insurance Company (Kenya) Limited.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Place \_\_\_\_\_