

EXCESS / REMARKS**With regard to:-**

Death

Age Limit is 18 - 65 years

Permanent Total Disablement

Excluding Motor Cycling of over 250cc

Temporary Total Disablement:-

Weekly max 104 weeks (Loss of Income)

Excluding Mountaineering (24 Hour Cover)

Hospital Cash

Worldwide Cover

Medical Expenses (Accident)

Provision of PIN Numbers of Insured Persons

Artificial Appliance

Inclusive of Political and Terrorism

DECLARATION:

I warrant that the information and statements made by me or on my behalf on this proposal, are true and complete to the best of my knowledge and belief. I agree that this proposal shall be the basis of the contract between me and Pioneer Insurance Co. Ltd.

Signed by:

Signature: Date:

**Personal****Accident****Insurance***Enhancing Lifestyles*

HEAD OFFICE: PIONEER HOUSE, MOI AVENUE
P. O. BOX 20333-00200, NAIROBI, KENYA.
TEL: 020-2220814/5 (10 LINES) **FAX:** 020-2224985
E-mail: pioneergeneral@pioneerinsurance.co.ke

PIONEER GENERAL INSURANCE CO. LTD.

PERSONAL ACCIDENT INSURANCE PROPOSAL

Period of Insurance (from) [] (to) []

PERSONAL DETAILS:

Full Names: []

PIN Number: []

Date of Birth: [DD / MM / YYYY] ID No. []

Postal Address: [] Town: []

Telephone No: [] Mobile: []

E-mail Address: []

Nationality: [] Occupation: []

Next of Kin: []

Relationship: []

NOTE:
Death, Injuries while the insured is engaged in any of the undernoted activities / occupation are excluded but shall be covered at an additional premium of 25% of the basic premium of the option selected.

- 1. Manufacture of fireworks and explosives.
- 2. Airline crew & ship or boat crew.
- 3. Sinking of air, water, or gas wells.
- 4. Professional Sports.
- 5. Racing, Rallies and Speed testing.
- 6. Diving.
- 7. Mining, Construction and maintenance of dams.
- 8. Naval, Military, Police or Air Force operations.

Are you engaged in any of the above activities, of which you would like the extension of cover? YES [] NO []

OPTION SELECTED	PREMIUM LOADING AMOUNT

CLASS

	Option A	Option B	Option C	Option D
Benefits:				
Death	500,000	750,000	1,000,000	2,000,000
Permanent Total Disablement	500,000	750,000	1,000,000	2,000,000
Temporary Total Disablement:- Weekly max 104 weeks (Loss of Income)	1,500	2,000	2,500	5,000
Hospital Cash	2,000	3,500	5,000	10,000
Medical Expenses (Accident)	50,000	75,000	100,000	200,000
Artificial Appliance	7,500	10,000	20,000	25,000
Last Expense (Accidental Death)	7,500	10,000	20,000	25,000
Annual Premiums inclusive of levies	1,500	2,200	2,800	6,000

	Option E	Option F	Option G	Option H
Benefits:				
Death	3,000,000	5,000,000	7,500,000	10,000,000
Permanent Total Disablement	3,000,000	5,000,000	7,500,000	10,000,000
Temporary Total Disablement:- Weekly max 104 weeks (Loss of Income)	7,500	8,500	10,000	12,500
Hospital Cash	15,000	20,000	25,000	30,000
Medical Expenses (Accident)	250,000	300,000	400,000	500,000
Artificial Appliance	35,000	50,000	75,000	100,000
Last Expense (Accidental Death)	35,000	50,000	75,000	100,000
Annual Premiums inclusive of levies	8,600	12,100	18,700	22,900