PIONEER ASSURANCE

Your Security For The Future

HEAD OFFICE: PIONEER HOUSE, MOI AVENUE
P.O.Box 20333-00200 NAIROBI, KENYA
info@pioneerassurance.co.ke
www.pioneerassurance.co.ke
020-7220000

APPLICATION No: 50207

Application form

LIFE ASSURED DETAILS

Name							
Date of Birth		Gender		Marital status		Mobile No:	
Email address							
Postal address		Town		Code			
Physical address (Residential details Include: RD. Name, Estate, Subcounty & County)							
ID/Passport number:		KRA Pin number:					
Social Media	Facebook		Twitter		Instagram		

EMPLOYMENT INFORMATION

State your occupation:		Specific duties:	
Employer's name		Employment No:	

BENEFICIARY DETAILS

NAME	RELATIONSHIP	DATE OF BIRTH	% SHARE	CONTACT

NB: In the event that the Beneficiaries are under the legal age, claim benefits will be paid to the guardian. Add if any. For additional Beneficiary(s) Attach a list with same details

POLICY/PRODUCT TYPE

Type of Policy	Option	Term (Years)	Sum assured

SUPPLIMENTARY COVERS (write YES or NO)

Personal Accident	Funeral cover	Waiver of premium	Critical illness		Total Premium Payable (Kshs)	

FREQUENCY OF PAYMENT

Monthly ☐	Quarterly ☐	Semi Annual ☐	Annual ☐	Lumpsum ☐

SOURCE OF PREMIUM

Please indicate source of premium for this policy:	Salary ☐	Business ☐	Other:

METHOD OF PAYMENT

M-Pesa ☐	Check-Off ☐	Bank Standing Order ☐	Direct Debit Authority ☐

BANK DETAILS (PERSONAL)

A/C name:		Bank name:	
Branch:		A/C number:	

AGENT DETAILS

Agent name:		Agent code:		Date:		Sign:	
Agency manager:		Branch:		Date:		Sign:	

MEDICAL HISTORY

1. Do you have any known medical condition?	YES ☐	NO ☐
2. Are you currently taking any medication regularly or as required?	YES ☐	NO ☐

DETAILS OF YES ANSWERS ABOVE (if below space is not sufficient, kindly attach extra paper)

Question No.	Details including, dates, details of treatment, medical institution where treated and treating doctor

(c) In the box below, please disclose all diagnosed ailments you have had in the last 3 years

Details including, dates, details of treatment, medical institution where treated and treating Doctor:

ADDITIONAL QUESTIONS

(I) Do you consume alcohol?	YES ☐	NO ☐	if YES, state the type and weekly quantity: Type	Type:	Quantity:
(II) Do you smoke?	YES ☐	NO ☐	if YES, how many cigarettes/pipe/cigars per day:		

(III) Have you been convicted of felony or demeanor within the last five (5) years or do you have any charges pending?	YES ☐	NO ☐
(IV) Has any proposal for life, sickness, accident or disability insurance on your life ever been declined, deferred, withdrawn or accepted on special terms?	YES ☐	NO ☐

(V) What is your height and weight?	Height (Feet):	Inches:	Weight (kgs):
(Vi) What are your hobbies?			

DETAILS OF YES ANSWERS IN ABOVE (if below space is not sufficient kindly attach extra paper)

Question	Complete details

DECLARATION AND AUTHORISATION

1) This application is hereby made to Pioneer Assurance according to the company's terms and condition
2) Each of the undersigned declares that the statement and answer contained in this application, whether in their own handwriting or not, are complete and true to the best of your knowledge and belief and that they shall form part of the policy.
3) It is also agreed that Pioneer Assurance will incur no liability under this application until the application has been received, approved and full premium has been paid to the accepted by Pioneer Assurance. The policy must be issued and full modal premium paid while the health, habits, vocations and occupation of the proposed Assurance are as stated in this application.
4) I (we) understand that no intermediary has authority to waive the answer to any of the questions in this application or to make or alter any contract for Pioneer Assurance.
5) I agree that all agreements, notices, disclosures and other communications that is provided to me electronically by Pioneer Assurance satisfy any legal requirement that such communications be in writing.

DATA COLLECTION STATEMENT

Pursuant to the data protection act 2019 ("DPA"), Pioneer Assurance Company ltd (hereafter PACL, in its capacity as a data controller under DPA is required to obtain your explicit and informed consent before it can collect or process any personal data to administer applied insurance products and services as required. PACL will treat all your personal information as private and confidential.

Nothing about you will be disclosed to anyone except to the following classes of people or in the following exceptional circumstances:

1. To Pioneer Assurance Company ltd, its subsidiaries, insurers and service providers and other member of the permitted parties.
2. Where PACL is legally compelled to do so under any Kenyan laws, foreign laws as may be applicable, Regulatory Bodies and;
3. For purpose of concluding contractual obligations, and Promotion of products and services marketed by PACL or its partners using the contact particulars which PACL may have in its records from time to time.

Tick the checkbox if you Agree ☐

POLICY DOCUMENT

I consent to have my policy document delivered to me through electronic email indicated in this proposal. I also understand that my policy document will be considered delivered once dispatched to this email.

In case you require a hard copy policy document, please contact Pioneer Assurance or your nearest branch office.

PREMIUMS

Can be paid via M-Pesa **PayBill No. 100500/ Account No. Proposal or policy No.**

DETAILS OF POLICY OWNER / PAYER (if different from Life assured)

Name	Relationship	Occupation

Signature of Proposed Insured		Date:	
Signature of Policy Owner/Payer		Date:	