

PIONEER GENERAL



INTERNCARE



Enhancing Lifestyles

ABOUT US

- Pioneer General is the fastest growing insurance company recognized in claims settlement with a wide range of customized products. We are passionate about offering excellent customer experience driven by innovation and technology.

THE PRODUCT

INTERNCARE offers compensation to interns /students on industrial attachment in the event of injuries or disability as a result of violent, accidental, external and visible events. In the event of hospitalization following an accident the medical expenses benefit will be paid directly to the hospital or medical facility. Alternatively the company will reimburse upon receipt of original receipts and attending doctors report.

Scope of benefits.

Accidental Death: The death of the Insured occurring within 12 calendar months.

Permanent Total Disablement: Disability that renders the Insured incapable of attending to their usual business or occupation or engaging in any occupation. Provided such disability is total, continuous, permanent and occurs within 12 calendar months.

Medical Expenses: The actual cost of medical, surgical, hospital and related expenses necessarily and reasonably incurred for treatment of injuries resulting from an accident.

Artificial Medical Appliances : The actual cost of appliances/aides, incurred after treatment of injuries resulting from an accident.

Last Expense (Accidental Death): Payable within 48 hours following a fatal accident

Schedule of benefits

Benefits:	Plan A	Plan B
Accidental Death	100,000	150,000
Permanent Total Disablement	100,000	150,000
Accidental Medical Expenses	20,000	30,000
Artificial Medical Appliances	10,000	20,000
Funeral Expenses (Accidental Death)	20,000	30,000
3 months premium	300	500
6 months premium	500	800
12 months premium	800	1,300

NB: Premium inclusive of levis

WHAT IS NOT COVERED

- a) Intentional self-inflicted injuries
- b) Suicide or attempted suicide
- c) Injuries while under the influence of alcohol and drugs(other than prescriptions)
- d) War and Terrorism.
- e) Accident while traveling in aerial device expect as a passenger.
- f) Exceptionally risky activities and sports

***** Kindly refer to the policy document for the full list of exclusions*****

APPLICATION FORM

Agency/Broker | | Policy No. | |

Period of Insurance From:| | To:| |

Name of Proposer | Surname | Other Names |

Gender Male ☐ Female ☐ Date of Birth: |

PIN NO: ID NO:

Nationality |

Address |

Phone Number |

Code: | Town | Email |

Profession : |

Name of the institution :|

Plan selected A ☐ B ☐ Yes ☐ No ☐

Have you suffered any accident previously?

If yes kindly specify and advise if you have fully recovered

Are you currently suffering from any physical defect or infirmity? Yes ☐ No ☐
If yes kindly specify.

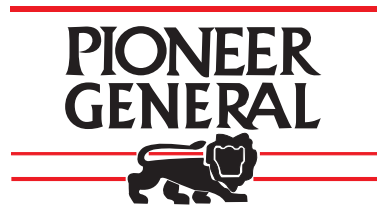
BENEFICIARY / NEXT OF KIN

NAME	RELATIONSHIP	ID NO.	PHONE NO.

Declarations:

I/We do hereby declare that the above answers are true, and that I/We have withheld no material information regarding this proposal.

Signed: | Date :|



INTERNCARE

Mpesa payment details
Paybill Number: 999415
Account No.: KRA PIN

Contact us

-  Pioneer House 3rd & 6th Floor
Moi Avenue
P. O. BOX 20333-00200
-  020-7220 156/153/160
Mobile: +254 728 100 500
-  info@pioneerinsurance.co.ke
-  www.pioneerassurance.co.ke