

PIONEER GENERAL



FAMILYCARE



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

FAMILYCARE offers compensation to your nuclear family 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.

Hospital Cash: This is Hospital cash is payable once following hospitalization, excluding the first three days.

Temporary Total Disablement: Pays a weekly income for the period you are out of work as a result body injury from an accident.

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.

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

Schedule of benefits for principal and spouse

BENEFITS:	PLAN A	PLAN B	PLAN C	PLAN D	PLAN E	PLAN F	PLAN G
Death	500,000	750,000	1,000,000	2,000,000	3,000,000	4,000,000	5,000,000
Permanent Total Disablement	500,000	750,000	1,000,000	2,000,000	3,000,000	4,000,000	5,000,000
Hospital cash	5,000	7,500	10,000	12,500	15,000	17,500	20,000
Temporary Total Disablement - Weekly maximum 52 weeks	500	750	1,000	2,000	3,000	4,000	5,000
Accidental Medical Expenses	50,000	75,000	100,000	200,000	300,000	400,000	500,000
Artificial Appliances	5,000	7,500	10,000	20,000	30,000	40,000	50,000
Funeral Expense (Accidental Death)	5,000	7,500	10,000	20,000	30,000	40,000	50,000
ACTUAL PREMIUM INCLUSIVE OF LEVIES	1,500	2,200	3,000	6,000	9,000	11,500	14,500

Schedule of benefits for children

BENEFITS	Plan A	Plan B	Plan C
Accidental permanent disability	100,000	150,000	300,000
Cost of Artificial Appliances	20,000	25,000	30,000
Accidental dental treatment	10,000	15,000	20,000
Accidental medical expenses & professional counselling	30,000	40,000	50,000
Private tuition following accidental incapacitation	10,000	15,000	30,000
Premium	300	400	500

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: | | | | | | | | | |

Address: | |

Nationality: | |

Telephone Number: | |

Code: | | Town: | | Email: | |

Profession: | |

list of family members to be covered

Name	ID No.	Relationship	Plan Selected

Has any family member suffered any accident previously? Yes ☐ No ☐

If yes kindly specify and advise if they have fully recovered

| |

Is anyone 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 : | |

WHAT IS NOT COVERED

The insurers will not indemnify the insured in respect of loss, damage or liability directly or indirectly caused by or arising out of or aggravated by:

- a) War.
- b) Nuclear reaction, nuclear radiation or radioactive contamination.
- c) Willful act or willful negligence of the Insured or of his representatives.
- d) Terrorism
- e) Deductible / Excess.
- f) Consequential loss of any kind.
- g) Wear and tear, corrosion, oxidation, deterioration.
- h) Liability that would not have attached also in the absence of an agreement.

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

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

Contact us

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