

**INSURANCE HISTORY**

1. Have you been insured for Personal Insurance in your own name before?

Yes ☐ No ☐

If yes:-

1. Name of Insurance Company 

2 Has any Company or Underwriter ever:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| a) Declined your proposal?                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b) Required an increased premium?             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c) Imposed special terms or conditions?       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d) Cancelled or refused to renew your policy? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**DECLARATION**

I/We declare that to my/our knowledge the answers and particulars given in this proposal are true and complete and that

I/We have not held any material information.

I/we have understood that this proposal and declaration shall be the basis of the contract between Me/Us and First Assurance Company Limited.

Date of completion of proposal form:  Day of  Year Name of the person completing the proposal form 

Proposer's signature: \_\_\_\_\_

Age limit 16years - 65years

For less than 16years - refer for premium confirmation

**CONTACT DETAILS****First Assurance Company Ltd**

Head office

First Assurance House  
Clyde Gardens, Gitanga Road  
Lavington  
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**Mombasa Branch**

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**Kisumu Branch**

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**PERSONAL  
ACCIDENT PLUS****Comfort  
Peace**



# Personal Accident Plus

An accident can occur any where, unexpectedly, uncertainly and cause injury to you or to those you love and care for.

**Personal Accident Plus** extensive benefits are to help you and your loved ones ease off just in case an accident occurs....!


**Personal Accident Insurance**

 Agent/Broker
 

## First Accident Plus Cover

*All questions must be answered in full. TICK appropriate boxes.*

### PROPOSER

- Full Name
- Age  PIN No.
- Tel No: Residential  Mobile  Office
- Physical Residential Address:  Street  Town
- Postal Address  Code  Email
- Business /Occupation/Profession
- Beneficiary
  - Relationship
  - Relationship
- Period of Insurance: From  to
- Please indicate nature of your work:-
 

(a) Administrative/Managerial/Clerical:

☐

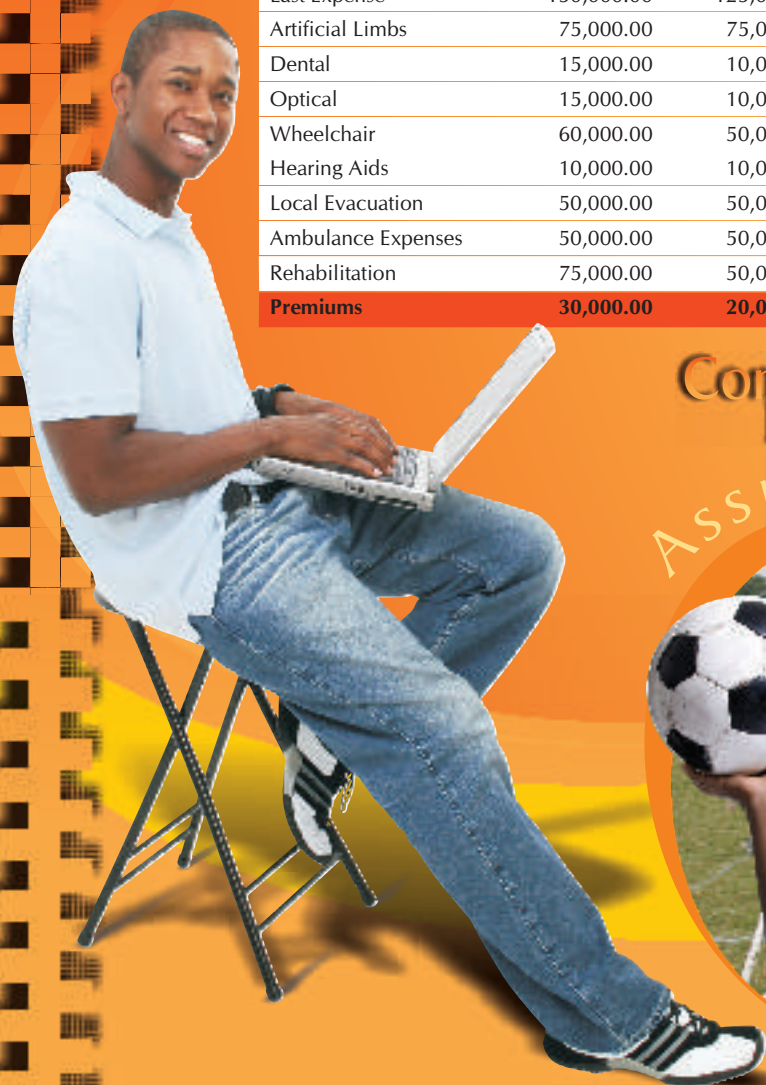
(b) Semi Manual:

☐

(c) Manual:

☐
- Are you now and generally in good health and free from any physical defect or infirmity?
- Have you ever suffered from rupture(hernia), varicose veins, slipped disc or other form of chronic back strain, any impairment of sight or infection of the eyes, any impairment of hearing or ear complaint or discharge from the ear, heart disease, fits or blackouts, duodenal or gastric ulcer, or an form of paralysis?   
If so please specify and state period of duration.
- Do you engage in any hazardous activities or pursuits which may render you liable to accidents or to any disease or sickness?   
If so give details.
- Give details of all accidents occurring or surgical and medical treatment received during the past 5 years, which have prevented you from following your normal occupation, business or pursuits for a longer period than 7 days
- Do you now or have you ever been insured against accident occurring whilst engaged in football, motor cycling ( whether as driver or passenger) or use of power operated woodworking machinery?

*(these risks are not covered but are available at an extra premium on request).*



Comfort  
& Peace  
Assurance



...AT SCHOOL



...AT HOME



...AT WORK



...ON THE ROAD

... At Leisure



	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6	Option 7	Option 8
Death	10,000,000.00	7,500,000.00	5,000,000.00	4,000,000	2,500,000.00	1,000,000.00	750,000.00	500,000.00
PTD	10,000,000.00	7,500,000.00	5,000,000.00	4,000,000	2,500,000.00	1,000,000.00	750,000.00	500,000.00
TTD	30,000.00	25,000.00	20,000.00	15,000	12,500.00	10,000.00	5,000.00	2,500.00
Medical	300,000.00	250,000.00	200,000.00	150,000	100,000.00	100,000.00	50,000.00	35,000.00
Last Expense	150,000.00	125,000.00	100,000.00	60,000	50,000.00	50,000.00	25,000.00	10,000.00
Artificial Limbs	75,000.00	75,000.00	65,000.00	50,000	50,000.00	25,000.00	10,000.00	10,000.00
Dental	15,000.00	10,000.00	7,500.00	6,500	5,000.00	4,000.00	3,000.00	2,500.00
Optical	15,000.00	10,000.00	8,500.00	6,500	5,000.00	4,000.00	3,000.00	2,500.00
Wheelchair	60,000.00	50,000.00	30,000.00	20,000	10,000.00	7,500.00	5,000.00	-
Hearing Aids	10,000.00	10,000.00	7,500.00	6,500	5,000.00	2,500.00	-	-
Local Evacuation	50,000.00	50,000.00	40,000.00	20,000	10,000.00	5,000.00	-	-
Ambulance Expenses	50,000.00	50,000.00	40,000.00	30,000	25,000.00	-	-	-
Rehabilitation	75,000.00	50,000.00	40,000.00	30,000	25,000.00	-	-	-
<b>Premiums</b>	<b>30,000.00</b>	<b>20,000.00</b>	<b>15,000.00</b>	<b>12,000.00</b>	<b>7,500.00</b>	<b>4,000.00</b>	<b>3,000.00</b>	<b>2,000.00</b>