

Benefits: -

	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6	Children options from Age 1-17 years
Death	10,000,000	7,500,000	5,000,000	4,000,000	2,500,000	1,000,000	500,000
PTD	10,000,000	7,500,000	5,000,000	4,000,000	2,500,000	1,000,000	500,000
TTD	30,000	25,000	20,000	15,000	12,500	10,000	
Medical	300,000	250,000	200,000	150,000	100,000	100,000	35,000
Last Expense	150,000	125,000	100,000	60,000	50,000	50,000	25,000
Artificial Limbs	75,000	75,000	65,000	50,000	50,000	25,000	10,000
Dental	15,000	10,000	7,500	6,500	5,000	4,000	5,000
Optical	15,000	10,000	8,500	6,500	5,000	4,000	5,000
Wheelchair	60,000	50,000	30,000	20,000	10,000	7,500	
Hearing Aids	10,000	10,000	7,500	6,500	5,000	2,500	
Local Evacuation	50,000	50,000	40,000	20,000	10,000	5,000	
Ambulance Expense	50,000	50,000	40,000	30,000	25,000		10,000
Rehabilitation	75,000	50,000	40,000	30,000	25,000		25,000
Premiums	30,175	20,130	15,103	12,094	7,574	5,063	2,853

Important Note:

This PA cover is for persons classified as Class 1- see below definition
Persons engaged solely in professional, administrative, clerical and non-manual occupations generally such as accountants, architects, auditors, bankers, clergymen, clerks, dentists, lawyers, medical practitioners, secretaries, stockbrokers, surgeons and teachers.

First Accident Cover

All questions must be answered in Full. Tick appropriate boxes.

Details

- Full Name
First Middle Last
- ID No. Account No.
Account Name
- Age Pin No.
- Tel No: Residential Mobile
Office
- Physical Residential Address
Street Town
- Postal Address Code
Email
- Business/Occupation/Profession
- Beneficiary 1 Relationship
2 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 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 black outs, 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).

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:
- Declined your proposal? Yes ☐ No ☐
- Required an increased premium? Yes ☐ No ☐
- Imposed special terms or conditions Yes ☐ No ☐
- Cancelled or refused to renew your policy? Yes ☐ No ☐

Apart from yourself is there any other immediate member of your family you would wish to be covered for personal accident (Please fill separate from each)

Name	Relationship	Age	Option selected

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 be Me/Us and First Assurance Company Limited.

Date and completion of Proposal form

Name of the person completing the proposal form

Proposer's signature

Age limit 16 years -65 years

Exclusions

Above 65 years, motor cycle, PSV riders, Armed Forces and Police Extreme sports, Professional Sportsmen

Available Premium Payment Options

☐ Cheque ☐ Bank Transfer ☐ Mobile Money ☐ Debit/Credit Card

First Assurance Bank Details

- Bank Name: Absa Bank Kenya PLC Bank Code: 03
- Account Number: 2034405851
- Branch Name: Office Park Westlands
- Branch Code: 045

Account Name:

First Assurance Company Ltd Branches account

For mobile money, kindly follow the steps below

- Go to M-PESA on your phone menu
- Select Pay Bill Option
- Enter First Assurance Business Number- 898200
- Enter the policy number or Firm name as the account number.
- Enter the premium amount
- Enter your M-PESA PIN
- Confirm details and press OK

Our branches



Head Office

First Assurance House, Clyde Gardens,
Gitanga Road, Lavington
P.O Box 30064 - 00100 Nairobi, Kenya
Mobile : 020-269 2250/60170180, 020-358 1135/88
0709-544 000
Email:hoinfo@firstassurance.co.ke
www.firstassurance.co.ke



Nakuru Branch

Westside Mall 2nd Floor
P.O Box 18002-20100 Nakuru, Kenya
Tel: +254 20 2343989/94,
Email:nkrinfo@firstassurance.co.ke



Satellite Offices

Eldoret Branch-Absa Building, Uganda road
Tel: 0799 342 402
www.firstassurance.co.ke
Nyeri Branch -Absa Building, Kenyatta road
Tel : 0716 922 415
www.firstassurance.co.ke



Town Office

Queensway Building 4th Floor
Tel: 2219852/3/4/5, Mobile: 0735 605 480
Email:cbdinfo@firstassurance.co.ke



Kisumu Branch

First Assurance, United Mall, Ground Floor
Kisumu-Kakamega Road
P.O Box 186-40100, Kisumu, Kenya
Tel: (020) 2030576, (020) 2082507
Email:ksminfo@firstassurance.co.ke



Mombasa Branch

First Assurance House, Nyali Road, Off Malindi-Mombasa Road
P.O Box 43559 Mombasa, Kenya
Tel: 041-4476494/4476700, (020) 2684011/12,
Mobile: 0734 605 491
Email:msainfo@firstassurance.co.ke

First Assurance is regulated by Insurance Regulatory Authority

Personal Accident Plus

