PERSONAL ACCIDENT INSURANCE
PROPOSAL FORM

Thank you for taking time to fill in this form. Fidelity Shield Insurance Company Limited is committed to processing your personal information according to the provisions of the Data Protection Act, 2019. Please take time to carefully read the Privacy Notice attached at the end of this form before filling in your details for more details about how we collect, use and safeguard your personal information.

THE FOLLOWIN G QUESTIONS M UST BE ANSWERED IN FULL

1. Surname _____ First Name _____ Middle name _____

2 .Address _____ Postal Code _____

3 .E-mail _____ Mobile Number

4 .Age last Birthday Passport No./ID No

5 .Beneficiary i.e. (the person to whom claim would be payable in case of death of the insured person)

Name(s)_____ Relationship _____

6 .Period of Insurance: From ___/___/___ To ___/___/___

7 .Please tick the description that applies to your occupation:

a. Clerical or Administration inside the office (Class I) ☐

b. Outdoor work/job (Class II) ☐

c. Manual Work (Class III) ☐

d. Working with machinery (Class IV) ☐

e. Any other not shown above. ☐

8 .Do you engage in any hazardous activities or pursuits? Yes ☐ No ☐

9 .Have you sustained injury by accidents during the last five years? Yes ☐ No ☐

If so, give dates, nature of injury(ies) and period(s) of disablement

_____

10 H.as any Insurer declined or imposed special terms for life or accident or illness policy or declined to renew or cancelled the policy? Yes ☐ No ☐

11. Are you free from physical disability or mental illness to the best of your knowledge? Yes ☐ No ☐

If no, please give details _____

12 .Are you engaged in any of the excluded activities/occupations mentioned below?

1. Hunting
2 .Steele chasing
3 .Sinking of air, water, or gas wells
4 .Construction and maintenance of dams
5.Airline crew & ship or boat crew
6.Racing, Rallies and speed testing
7.Naval, military, police or Air force operations
8.Professional sports
9. Diving
10. Mining

Yes ☐ No ☐

If yes, would you like an extension of the cover (at 25% of the basic premium) while engaged in these activities?

Yes ☐ No ☐

PERSONAL ACCIDENT SCHEDULE OF BENEFITS
AGE 18 TO 60 YEARS

BENEFIT	A	B	C	D	E	F
Accidental Death	250,000	500,000	1,000,000	2,000,000	5,000,000	10,000,000
Accidental Permanent Total Disablement (Continental Scale)	250,000	500,000	1,000,000	2,000,000	5,000,000	10,000,000
Accidental Temporary Total Disablement per week maximum weeks	Nil	5,000	10,000	15,000	30,000	50,000
Hospital Cash	Nil	5,000	6,000	8,000	9,000	15,000
Accidental Medical Expenses	30,000	70,000	100,000	200,000	250,000	300,000
Artificial Appliance (Accidental Loss)	5,000	5,000	20,000	25,000	35,000	50,000
Post Trauma Counselling	Nil	25,000	25,000	25,000	25,000	25,000
Funeral Expenses (Accidental Death)	Nil	50,000	70,000	80,000	90,000	100,000
Premium Payable	1,194	1,600	3,500	5,500	12,500	24,108

Additions

Apply Premium loading of 50% for age limit above 60yrs to 65yrs Apply
Premium loading of 20% for PVT benefit Premium Inclusive of Levies & Taxes

Terrorisms Loading 25% Loading Yes ☐ No ☐

Do you require coverage for your spouse? Yes ☐ No ☐

Spouse:

Name:

Mobile No:_____ ID/ Passport No:_____ PIN No:_____

_____ DOB:_____ Occupation:_____

Indicate selected cover option for insured_____Premium amount(Kshs)_____

Indicate selected cover option for Spouse_____Premium amount(Kshs)_____

Plan of Benefits per Child (Below 18years) for children aged 18 to 25 years will require evidence that the child is in school.

BENEFIT	Option 1	Option 2	Option 3	Option 4
Accidental Death	50,000	75,000	100,000	150,000
Accidental Permanent Total Disablement	50,000	75,000	100,000	150,000
Accidental Dental Treatment	15,000	15,000	15,000	15,000
Accidental Medical Expenses	40,000	50,000	60,000	70,000
Artificial Appliance (Accidental Loss)	25,000	30,000	35,000	40,000
Funeral Expenses (Accidental Death)	50,000	50,000	50,000	50,000
Premium Payable	400	500	600	800

CHILDREN SCHEDULE:

1.Name:_____ **DOB:**_____

Indicate selected cover option for child_____ **Premium amount(Kshs)**_____

2.Name:_____ **DOB:**_____

Indicate selected cover option for child_____ **Premium amount(Kshs)**_____

3.Name: _____ **DOB:** _____

Indicate selected cover option for child _____ Premium amount(Kshs) _____

4.Name: _____ **DOB:** _____

Indicate selected cover option for child _____ Premium amount(Kshs) _____

5.Name: _____ **DOB:** _____

Indicate selected cover option for child _____ Premium amount(Kshs) _____

Fidelity Shield Insurance Company would, on occasion, like to keep you updated about its products and services which it considers may interest you.
Please tick any of these boxes indicating how you wish to receive our updates.

☐ SMS ☐ Phone Call ☐ Email

If you wish to opt out of receiving these communications, please send us an email at info@fidelityshield.com or write to us at P.O. BOX 47435 or call us on +254(0) 709988000.

Declaration

I/We consent to Fidelity Shield Insurance Company Kenya Limited:

i) Collecting, using, disclosing and/or processing and/or storing my/our personal data for purposes that are relevant to my policy and as permitted by law;

ii) Collecting and sharing my personal data in accordance with the privacy statement on its website (https://www.fidelityshield.com/)

iii) Transferring my/our personal data to their reinsurers and affiliated companies for the purposes of insurance and as permitted by law;

iv) And/or its contracted Third parties contacting me via email/phone-call/SMS/post in regard to insurance products and/or services.

I/We hereby declare the truth and correctness of the above statements and agree that this Declaration shall be held to be promissory and the basis of the contract between me/ us and Fidelity Shield Insurance Company Kenya Limited.

I/We hereby declare the truth and correctness of all the statements and particulars entered in this Proposal and that I have not withheld any material information, and that my/our answers herein are in my/our full knowledge and have been written by me/us or with my/our full authority.

I/We further declare that the amounts proposed for insurance represent the full value of the property described.

I/we agree that this Declaration shall form the basis of the contract between me/us and the Insurer and I/we agree to abide by the terms and conditions of the Policy to be issued.

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Proposer's Signature: Date: _____

No liability (except for the period stated in the Insurer's Official Cover Note) is undertaken until the Proposal is accepted by the Insurer and the premium paid.

Premium can be paid directly to the company using the below options:

1: MPESA Paybill: 522799, ACC No: Clients Name. 2 : Cheque. 3 : Bank deposit/ EFT

Bank details;
Acc Name:Fidelity Shield Insurance company Limited
Acc No: 6452130018
Bank: NCBA Bank Kenya PLC
Branch: Mama Ngina Branch