

## I&M ENHANCED PERSONAL ACCIDENT INSURANCE PROPOSAL FORM

### DETAILS OF PROPOSER:

Full Names (BLOCK LETTERS) _____		
Address: P.O. Box _____	Code _____	Town _____
Mobile No. _____	Occupation/Business _____	
E-mail _____	PIN No. _____	ID No. _____

### INSURANCE DETAILS:

Period of insurance: From _____ to _____		
Benefits offered under the PA Policy:		
<b>Option I: Basic PA.</b>		
<b>This covers accidental death only.</b>		
Cover Type	Sum Insured	Annual Premium Payable
Death only:      Option A	500,000	500/=
Death only:      Option B	1,000,000	1,000/=
<p><b>Eligibility: I&amp;M account holders only -</b>          Must be between ages 18–70 years.          The above applies for office risk only, Manual and hazardous occupation to be referred.</p> <p><b>Option II: Comprehensive PA Policy:</b> This covers financial losses resulting from accidental death, Permanent Total Disablement, medical expenses resulting from accident and Funeral expenses.</p>		

Benefits	Sum Insured				
	A	B	C	D	E
Accidental Death	500,000	1,000,000	2,000,000	5,000,000	10,000,000
Accidental Permanent Total Disablement	500,000	1,000,000	2,000,000	5,000,000	10,000,000
Temporary Total Disability/Weekly Loss of Income	5,000	10,000	15,000	30,000	50,000
Accidental Medical Expenses on reimbursement basis	70,000	150,000	250,000	500,000	1,000,000
Funeral Expenses	50,000	75,000	2,000,000	100,000	125,000
Annual Premium Per Person	<b>KES. 1,950</b>	<b>KES. 3,950</b>	<b>KES. 5,900</b>	<b>KES. 13,200</b>	<b>KES. 25,300</b>

**Eligibility:** Persons between the ages 18 to 70 years

The above applies for office risk only, Manual and hazardous occupation to be referred.

The policy covers death or injury caused by violent, accidental, external and visible means subject to the option selected by the insured.

**Please indicate here below your selected option.**

Option I: (A) or (B) Option II: (A) or (B) or (C) or (D) or (E)

1. Have you suffered any accident/s before?

Yes  No

(If yes, please give details including extent of injuries.) \_\_\_\_\_

2. Do you suffer from any physical defect or infirmity.

Yes  No

(If yes, please give details.) \_\_\_\_\_

3. Do you suffer from any chronic or recurring illnesses.

Yes  No

(If yes, please give details.) \_\_\_\_\_

## BENEFICIARY (IES)

Name	Mobile Number (+254)	Relationship to insured

## DECLARATION

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

Recover the Premium of Ksh. \_\_\_\_\_ from my account whose details is as below.

Account No \_\_\_\_\_ Account Name \_\_\_\_\_ Branch \_\_\_\_\_

Dated \_\_\_\_\_ Signature Of Proposer \_\_\_\_\_

I&M Bank Sales Rep's Name \_\_\_\_\_ Code No \_\_\_\_\_