



The Monarch Insurance
A friend for life.

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PERSONAL ACCIDENT INSURANCE PROPOSAL FORM

The issuing of this form is not to be taken as an admission of liability by the Insurers.
NB: All questions must be answered in full. Dashes are not acceptable. Please use **BLOCK LETTERS** and tick where appropriate.

A. PARTICULARS OF PROPOSER

Name of proposer (in full) _____
Alternative Contact Persons _____
P.O Box _____ Code: _____
Town _____ County _____
Mobile Number: _____
Alternative Mobile Number _____
E-mail _____
Email Number 2 _____
Pin Number _____
Company/ID Number _____ (attach copy)
Profession/Occupation: _____

B. INSURANCE PARTICULARS

1. Period of Insurance: From:To..... (both dates inclusive)

C. INSURANCE /CLAIMS HISTORY

1. Are you now or have you been insured for personal or life Insurance? YES NO
2. If yes, give name of Insurer and Policy Number _____
3. Have you ever suffered a loss for insurance now proposed? YES NO
4. If yes state:
 - a. Date of Loss _____
 - b. Amount of Loss _____
5. What precautions have you taken to prevent a similar or any other loss occurring? _____

6. Has any Insurance Company ever:
 - a. Cancelled your Policy? YES NO
 - b. Declined to insure you? YES NO
 - c. Declined to renew your Policy? YES NO
 - d. Renewed your policy on special terms? YES NO

- e. Declined any claim? YES NO
7. If the answer to any of the above is 'YES', please give brief details. _____

D. OCCUPATION/BUSINESS

1. Are you employed self-employed
2. What actual duties do you perform? (If more than one, state all)
 - Office duties
 - Office duties with site visits
 - Supervision and working
 - Commercial traveler (salesperson/driver)
 - Manual worker
 - Other (please specify) _____
3. Do you suffer from: Any sight hearing or any other impairment? YES NO
 If yes, explain briefly _____
4. Have you ever suffered any serious injury or illness? YES NO
 If yes, give details. _____
5. Are you at present in sound health and free of any physical disability?
 YES NO If not, give details. _____
6. Do you engage in hazardous sporting activities or pastimes? YES NO If
 yes, give details _____
 Note: Please note that the following activities and others of a similar nature are not covered unless on a special arrangement, in which case additional premium will be charged: -
 Aqualung diving, boxing, climbing or mountaineering necessitating the use of ropes or guides, football (except amateur football), hang gliding, wild hunting, ice hockey, motor racing, motorcycle cycle racing, parachuting, polo, potholing, power boating, racing other than on foot, rugby, show jumping, ski-ing or sledging, water skiing, ice skating, winter sports, wrestling including judo, karate and any other unarmed combat, yachting outside territorial waters and any other hazardous occupations/activities.
7. Are there any circumstances relating with your occupation, health conditions, habits, pastimes and pursuits which would increase the risk of accident or bodily injury to yourself? YES NO If yes, give details. _____

8. In your normal duties, do you use machinery of any kind? YES NO
 If yes, give details _____
9. Do you have a Medical or have you previously had a Medical Insurance cover? YES

NO If yes, please give details _____
 10. Do you, in the course of your duties travel extensively by Air, Car or Motorcycle?
 YES. NO If yes please indicate and mode of transport _____
 and frequency/week _____

11. Named Beneficiary
 Name _____ Age _____ Relationship to insured _____
 Name _____ Age _____ Relationship to insured _____

If beneficiary is below 18 years, give name of appointed Guardian and address
 (Optional)

E: BENEFITS SCHEDULE (Cover required)

| EVENTS | BENEFITS PAYABLE |
|---|------------------|
| DEATH | KES |
| PERMANENT DISABLEMENT | KES |
| TEMPORARY TOTAL DISABLEMENT (Earnings Per Week) | KES |
| MEDICAL EXPENSES | KES |

Declaration

I hereby declare that the above answers are true to the best of my knowledge and belief and that I have not withheld any material information whatsoever regarding the proposal. I agree that this declaration and the answers given above shall be the basis of the contract between Me and The Monarch Insurance Company Limited. The liability of the Company does not attach until the proposal has been accepted and the premium paid.

I confirm that I have authorized The Monarch Insurance Company Limited to use the information provided solely for internal and compliance purposes.

Name of Proposer _____ Signature _____ Date _____

Name of Agent/Broker _____ Signature _____ Date _____