



**Contact
us**

PERSONAL ACCIDENT

Accidents or mishaps may strike you unexpectedly and adversely affect your life. While the time turns hard on you, it becomes harsh for your loved ones. The best possible way to cover up the risk and protect your loved ones from such situations is to get a personal accident insurance.



Personal Accident Cover Proposal Form (Individuals/Families)

SECTION A

CUSTOMER INFORMATION

Full name: (Mr., Mrs., Miss., Dr., Prof., Eng., Pst., Other)

[Grid for full name]

Nationality [Grid]

Identity document National ID Passport

National ID/Passport number [Grid] **Date of Birth** [D][D][M][M][Y][Y][Y][Y]

Marital status Married Single **Gender** Male Female **Other:** _____

Address [Grid] **Code** [Grid] **Town:** _____

Physical Residential Address [Grid]

PIN No. [Grid] **Mobile/Tel** [Grid]

Email Address [Grid]

SECTION B

PERSONAL ACCIDENT INSURANCE BENEFITS (WITH POLITICAL VIOLENCE AND TERRORISM EXTENSION)

Nature of Business/Occupation/Profession: _____

Source of Funds _____

Do you participate in political activities? YES NO

If yes, give brief details below: _____

Have you previously held a Personal Accident Cover? YES NO

If yes, name of the insurer _____

Are you in good state of health and free from physical and mental defects or infirmity to the best of the proposer's knowledge ad beleif?

YES NO

If not, Please give details _____

Give particulars of all accidents which you have suffered during the last three (3) years _____

AMACO Personal Accident Schedule of Benefits

	Option A	Option B	Option C	Option D	Option E	Option F	Option G	Option H	Option I
Death	250,000	250,000	800,000	1,000,000	2,000,000	3,000,000	5,000,000	8,000,000	10,000,000
Permanental disability	250,000	500,000	800,000	1,000,000	2,000,000	3,000,000	5,000,000	8,000,000	10,000,000
Temporary total disability	1,500	5,000	8,000	10,000	12,500	15,000	30,000	40,000	50,000
Medical expenses	50,000	70,000	100,000	150,000	200,000	250,000	500,000	800,000	1,000,000
Funeral expenses	10,000	50,000	60,000	70,000	80,000	90,000	100,000	120,000	150,000
Annual premium per person including levies and stamp duty	1,282	1,773	2,682	3,591	5,605	9,407	13,144	20,180	25,228

Next of Kin

Name: _____ ID Number: _____ Cell Phone Number: _____

Relationship _____ Beneficiary: _____

Name: _____ ID Number: _____ Cell Phone Number _____

Relationship: _____

Spouse:

Name: _____ ID/Passport Number _____ Pin Number: _____

Cell Phone Number: _____ Date of Birth _____ 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 18 YEARS)

(19-25 Year-Evidence from parents or Guardian that the child is under care of the same and in school)

BENEFIT	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
Accident death	50,000	75,000	100,000	150,000	200,000
Permanent disabilities	50,000	100,000	200,000	400,000	500,000
Accidental dental treatment	10,000	10,000	10,000	10,000	10,000
Accident ,edical expenses	40,000	60,000	70,000	100,000	150,000
Artificial appliances	25,000	30,000	35,000	40,000	50,000
Funeral cover	20,000	20,000	20,000	20,000	20,000
Annual premium per child incl. of levies and stamp duty	397	500	623	879	1,180

CHILDREN SCHEDULE

1. Child full name: _____ Date of Birth: _____

Indicate Selected Cover Option for Child _____ Premium Amount (Kshs.) _____

2. Child full name: _____ Date of Birth: _____

Indicate Selected Cover Option for Child _____ Premium Amount (Kshs.) _____



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