



GA INSURANCE LIMITED

GA Insurance House, Ralph Bunche Road,
 P O Box 42166 - 00100 Nairobi, Kenya.
 Telephone: 2711633 Fax 2714542
 E-mail: marketing@gakenya.com

PROPOSAL FOR PERSONAL ACCIDENT INSURANCE

The Insurance Act: You are to disclose on this proposal form, fully and faithfully all the facts, which you know or ought to know otherwise, the Policy issued hereunder may be void.

Proposer's Name _____		
Permanent Address _____		
Profession Business or Occupation (if more than one please state all) _____		
Age last birthday. _____ years Height. _____ Weight. _____		
Do you Superintend manual Labour?		Do you work manually?
Term of Insurance: From. _____ To. _____		
1. Have ever been declined or given special terms in respect of Life or Accident Insurance?		
2. Have ever made a claim in respect of Accidental bodily injury against any Insurer? If so, please give particulars		
3. Have any physical defect or infirmity of any description		
4. Are you at present insured against accident? If so, state name of Company and amount		
5. Do you suffer or have or have you ever suffered from fits of any kind or from any nervous or recurring disease?		
6. Have you ever-sustained serious bodily injury by accident? If so please give details and also whether you have recovered fully		
7. Are there any circumstances connected with your occupation, health or habits of life, which render you particularly liable to injury? If so, please give full particulars		
8. Cover Required:- For what amount do you wish to insure:		Amount
A. Death		A. Kshs.
B. Permanent Disablement		B. Kshs.
C. Temporary Disablement (weekly benefit)		C. Kshs. Per week
D. Medical Expenses		D. Kshs.
For office use only		
Class Premium:-		
9. Do you wish to insure against accidents resulting from motorcycling, or riot and strike? If so, please state which. The additional premium for these risks is quoted overleaf.		
10. Do your average weekly earnings exceed the amount of any weekly compensation desired?		
11. Please give the full name and relationship of the beneficiary to whom payment should be made in the event of death.		

DECLARATION

I hereby DECLARE that I am in good health and that I have not been declined or accepted on special terms for Personal Accident or Life Insurance

I warrant that the above statements and particulars are true and complete and I hereby agree that this Proposal shall be the basis of the Contract between the GA INSURANCE LIMITED and me and I am willing to accept a Policy subject to the terms, exceptions and conditions prescribed by the Company therein and to pay the Premiums thereon.

Date.

Signature of Proposer.....

- N.B. (i) When filling in this Form, please see that all the questions are fully answered.
(ii) This insurance will not be in force until the Company has accepted the Proposal.