



6TH FLOOR
 GEMINIA INSURANCE PLAZA
 KILIMANJARO AVENUE - UPPERHILL
 P.O. BOX 61316 CITY SQUARE
 NAIROBI 00200 KENYA
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Student Group Personal Accident Proposal Form

COVER			
1	Death	1.	Kshs.100,000/-
2	Permanent Disablement (as detailed below)	2.	Kshs.100,000/-
3	Funeral Expense	3.	Kshs.20,000/-
4	Medical Expenses	4.	Kshs.10,000/-

Description of Permanent Disablement	Percentage of Maximum Benefit payable
Permanent total disablement from attending to employment, occupation or business of any kind whatsoever	100
Loss of both hands	100
Loss of both feet	100
Complete and irrecoverable loss of sight in both eyes	100
Loss of one hand and one foot	100
Loss of one hand or one foot together with the complete and irrecoverable loss of sight in one eye	100
Complete and incurable insanity	100
Complete and incurable paralysis	100
Loss of right arm or hand	60
Loss of left arm or hand	50
Loss of one leg or one foot	50
Complete and irrecoverable loss of sight in one eye	50
Loss of thumb of right hand	20
Loss of thumb of left hand	15
Loss of Index finger of right hand	15
Loss of Index finger of left hand	10
Loss of any other finger of right hand	6
Loss of any other finger of left hand	5
Loss of big toe	5
Loss of any other toe	3
Complete and irrecoverable loss of hearing in both ears	40
Complete and irrecoverable loss of hearing in one ear	10

Policy Exclusions

Death or injury:-

- while traveling by air other than as fare paying passenger.
- Whilst engaged in hunting of any kind, polo playing, racing of any kind (other than on foot), winter sports, motor cycling as driver or passenger, sub-aqua pursuits, water skiing or parachuting.
- Whilst using woodworking machinery outside the school/learning institution, unless on training attachment.
- Whilst under influence of drink or drugs/alcohol.
- Resulting from suicide or self inflicted disease, mental disease, venereal disease.
- Due to pre-existing physical defects.
- Due to pregnancies, Child birth, Abortion.
- Due to War, Invasion, Riot & Strike, Terrorism, Revolution or popular uprising.

Claim Payments

All claim payments shall be made on behalf of injured/deceased student to the insured specified in the schedule whose receipt will be a valid discharge to the Company.

Geminia Insurance Company Limited

Student Group Personal Accident Proposal Form



Please give a definite reply to each question below.

Period of Insurance From..... To

Full Name _____

Address _____ Code _____ Town _____

Tel: _____ E-mail (optional) _____

<p>1. Do any of the students suffer from: (a) impairment of sight or hearing, varicose veins, rupture or any ailment affecting the heart? If the answer is yes, please provide complete details</p>	
<p>(b) Any other serious injury or illness? If the answer is yes, please provide complete details</p>	
<p>2. Are the students of healthy and unimpaired constitution and at present in sound health?</p>	
<p>3. (a) Are you at present insured or have ever proposed for insurance in respect of Personal Accident or Sickness? If so state which insurer.</p>	
<p>(b) Has any such proposal or renewal of such ever been declined or withdrawn?</p>	
<p>(c) Has any such proposal made subject to a restrictive endorsement?</p>	

WE DECLARE that the above answers are true to the best of our knowledge and belief, that we have disclosed all particulars affecting the assessment of the risk and we agree that this proposal and declaration shall be the basis of the contract between us and the Insurer

Authorised Signature & Rubber Stamp _____ Date: _____

THE LIABILITY OF THE INSURER DOES NOT BEGIN UNTIL ACCEPTANCE OF THE PROPOSAL HAS BEEN INTIMATED BY THE INSURERS OF OFFICIAL COVER NOTE ISSUED.