



PERSONAL ACCIDENT COVER

For students on attachment



SCOPE OF COVER

Personal Accident Insurance provides you with monetary compensation in the unfortunate event you suffer accidental injuries, disability or death.

We cover your medical expenses that arise as a result of the accident. In addition, we offer generous disability benefits such as cover for various artificial or medical appliances, as well as post-trauma counselling expenses following an accident.

WHAT ARE THE KEY BENEFITS

1. **Accidental death** - This benefit will pay the nominated beneficiaries the pre-agreed sum insured upon loss of life as a result of an accident.
2. **Permanent total disability** - This benefit will pay you the pre-determined sum insured as per the continental scale for permanent disability as a result of the accident.
3. **Accidental medical expenses** - This benefit reimburses you for medical expenses arising from the treatment of injuries as a result of an accident.
4. **Artificial appliances** - The benefit covers the cost of artificial appliances required for your rehabilitation following an accident such as crutches, hearing aids, wheelchairs and prosthetics required.
5. **Funeral expenses** - This benefit will pay the nominated beneficiaries the pre-agreed sum insured upon loss of life as a result of an accident to assist in settling funeral costs.
6. **Post-trauma counselling** - This benefit reimburses you for post-trauma counselling expenses that may be incurred as a result of an accident.

PERSONAL ACCIDENT

PROPOSAL FORM

For students on attachment

Agency/Broker _____

Part 1: Proposer's Details

Name of the Proposer: _____ Gender: Male Female

Date of birth _____ ID No: _____

Pin No _____ Mobile Number _____

P.O Box _____ Code _____ Town _____

Place of attachment _____ Nature of attachment _____

Name of next of kin _____

Relationship _____ Mobile Number _____

Period: From _____ To _____

Part 2: Personal Details

1. Have you suffered from any severe injury or illness? Yes No

If yes, please give details and the extent of the injury or illness.

2. Do you suffer from any chronic or recurring illness? Yes No

If yes, please give details

3. Do you suffer from any physical defect or infirmity? Yes No

If yes, please give details

Tick against the desired option

Plan	I	II
Death	100,000	200,000
Permanent total disability	100,000	200,000
Accidental medical expenses	50,000	50,000
Artificial appliances	20,000	20,000
Funeral expenses	30,000	30,000
Post-trauma Counselling	5,000	5,000
Applicable Premium - 3 Months	350	600
6 Months	500	850
12 Months	850	1,350

* Premium is inclusive of levies

Part 3: Declaration

I do hereby declare that to the best of my knowledge and belief that the statements set forth herein are accurate and complete. Further, no material facts have been missed or misrepresented. I agree that the proposal together with any other information supplied shall form the basis of any contract of insurance effected thereon.

Date _____ Signature _____

HEAD OFFICE

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