

Geminia

STUDENT PERSONAL ACCIDENT



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. **Accidental dental expenses** – This benefit reimburses you for dental expenses arising from the treatment of injuries as a result of an accident.
7. **Local Evacuation** – This benefit covers expenses related to evacuating you to seek medical assistance as a result of an accident.
8. **Hospital Cash** – This benefit reimburses you for hospital admission 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

| Benefit | Option 1 | Option 2 | Option 3 |
|--|------------|------------|------------|
| Accidental Death | 100,000 | 200,000 | 300,000 |
| Accidental Permanent Disability | 100,000 | 200,000 | 300,000 |
| Accidental Medical Expenses | 50,000 | 60,000 | 75,000 |
| Cost of Artificial Appliances | 20,000 | 30,000 | 40,000 |
| Accidental Dental treatment | 20,000 | 30,000 | 40,000 |
| Hospital Cash reimbursement as result of an accident (On Admission Only) | 20,000 | 20,000 | 20,000 |
| Accidental Emergency Evacuation-Ambulance (On Reimbursement) | 10,000 | 10,000 | 10,000 |
| Funeral Expense | 20,000 | 20,000 | 20,000 |
| Premium Per Student | 400 | 600 | 800 |

Tick against the desired option

- Option 1 ☐
- Option 2 ☐
- Option 3 ☐

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 _____

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