



Bancassurance Personal Accident Policy



Proposal Form

1. Name of the Proposer _____
- (i) Occupation _____ ID Number _____
- (ii) Postal address _____
- (iii) Telephone _____ Fax _____ Email _____

2. (I) Cover With Medical Option – 6 Options as follows:-

	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6
Death	2,000,000	1,500,000	1,000,000	500,000	300,000	150,000
Permanent Total Disablement	2,000,000	1,500,000	1,000,000	500,000	300,000	150,000
Medical Expenses	250,000	200,000	150,000	100,000	50,000	30,000
Last Expense	75,000	75,000	65,000	65,000	30,000	20,000
Annual Premium	3,625	2,875	2,075	1,325	700	400

(II) Cover Without Medical Option – 6 Options as follows:-

	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6
Death	2,000,000	1,500,000	1,000,000	500,000	300,000	150,000
Permanent Total Disablement	2,000,000	1,500,000	1,000,000	500,000	300,000	150,000
Last Expense	75,000	75,000	65,000	65,000	30,000	20,000
Annual Premium	2,375	1,875	1,325	825	450	250

3. Period of Cover: From _____ To _____
4. Are you in good state of health and free from physical and mental defects or infirmity to the best of the proposer's knowledge and belief ☐ Yes ☐ No
If not please give details _____
5. Give particulars of all accidents which you have suffered during the last three years

6. Next of Kin
Name _____ ID Number _____
Contact _____
7. I authorize the bank to debit my **Be More** Account No. _____ with the applicable premium under Section 2 (I) Option _____ Or Section 2(II) Option _____

Declaration

All statements in this application are true and complete to the best of my knowledge and belief and they shall form part of my contract with Britam Insurance Company (Kenya) Limited.

Signature _____ Date _____ Place _____