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PERSONAL ACCIDENT INSURANCE PROPOSAL FORM



MPesa Paybill number No.:333200

PLEASE COMPLETE THIS APPLICATION AND ANSWER ALL QUESTIONS.

Data collection consent: Pursuant to the data protection act, 2019 ("DPA") and the European Union General Data Protection Regulation ("EUGDPR"), AAR Insurance (K) Limited ("AAR Insurance"), in its capacity as a data controller and/or processor under the DPA and EU GDPR must obtain your explicit, affirmative, and informed consent before it can collect or process any personal data for a lawful basis. AAR Insurance shall only use your personal data to administer applied products and services requested from AAR Insurance. In order to provide you with the above services, AAR Insurance will need to collect, process and store your personal data for the duration of the product. If you consent to us storing your personal data for this purpose, please tick the check box.

☐ I agree to AAR Insurance's collecting, processing and storage of my personal data.

1. Name of Proposer RUTH CHEPKOSGEI
(Surname) (Other Names)
2. Date of Birth 8/10/2001
3. Postal Address 3325 Code 30200 Town KITALE
4. Pin Number A015455227R ID/Passport Number 39130114
5. Email Address rchepkosgei4@gmail.com
6. Telephone No. (office) Mobile No 0746059230
7. Profession / Occupation STUDENT
8. Name of previous insurer(s) N/A
9. Do you currently participate or expect to participate in any hazardous sport or undertaking (Examples: sky diving, hang gliding, parachuting, private flying, under-water diving, mountain climbing, auto or cycle racing). ☐ Yes ☒ No
If yes give details _____
10. Has the proposer
(a) Suffered any accident(s) previously? ☐ Yes ☒ No
(b) Suffered any physical disability? ☐ Yes ☒ No
(c) Suffered from chronic or recurring illness? ☐ Yes ☒ No
If yes to any of the above, please give details _____
11. Contact person (In case of Accident): Seline Chebet Koech 0712769432

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12. Beneficiary:

Name of Beneficiary	Relationship	Telephone Contacts	ID Number	Proportion
1.				
2.				
3.				

Note: The proportion above in percentage should total 100%
Please include details of the guardian if beneficiary is below 18 years.

Period of Insurance: From 7th January 2025 to 8th March 2025
Date /Month/Year Date /Month/Year

PROPOSER'S DECLARATION

I/we do hereby declare that the above answers and statements are true, and that I/we have not withheld any material information regarding this proposal.

I consent to my phone and email contacts being used to receive:

1. Communication related to my policy. ☒ 2. Company communication and marketing information. ☐

Date 8/01/2025
Date /Month/Year

Signature of Proposer
Rubber Stamp/Seal.

[Signature]

Agency/Broker: Bowsure Insurance Agency

Signature: *[Signature]* Mobile No: 0746059230

NOTE: The liability of the company does not commence until the proposal has been accepted by the company and the premium paid

Please fill in the summary of benefits as per the selected option from the premium Schedule.

	SELF	DEPENDANT 1	DEPENDANT 2	DEPENDANT 3
Name	RUTH CHEPKOSGEI			
Date of Birth	8/10/2001			
Option	VIII			
Premium	Adult (above 18yrs)			

www.aar-insurance.com
+254 703 063000

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HEAD OFFICE
Real Tower, Upper Hill, Nairobi - Kenya