

WIBA Insurance – Worker Injury Benefits Act

Field Label	Input Type	Placeholder / Help Text	Required	Choices (if any)	Notes
Employer/Cco	Text Input	Enter register number	✓ Yes		Required for registration
Nature of Business	Text Input	Construction	✓ Yes		Determines premium calculation
Contact Person	Text Input	Full name	✓ Yes		For communication
Contact Phone	Phone Input	07XX XXX X	✓ Yes		For OTP or further communication
Email Address	Email Input	contact@example.com	✓ Yes		For sending notifications
Business Registration	Text Input	Certificate or	✓ Yes		Required by law
Number of Employees	Text Input	e.g., 35	✓ Yes		Used in calculation
Average Monthly Number	Text Input	e.g., 25,000	✓ Yes		Multipled with employee count
Industry Classification	Dropdown	Select Industry	✓ Yes	Manufacturing, Service, etc.	Helps determine premium
Location of Operation	Text Input	Nairobi, Mombasa	✓ Yes		Affects regional rates
Upload Employee File	File Upload	(Upload Excel file)	✓ Yes		Must include all employees
Upload Registration File	File Upload	(Upload company file)	✓ Yes		Required for registration
Declaration	Checkbox	I confirm all information is correct	✓ Yes		Must be checked
Preferred Payment Method	Dropdown	Choose method	✓ Yes	M-PESA, Bank Transfer, etc.	For premium payment
Submit & Generate Report	Button		✓ Yes		Sends data to server

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risk profile
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insurer
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nine binder rate
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names, ID numbers & salaries
underwriting
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