Personal Accident Insurance – Individual

Field Label	Input Type	Placeholder / Hint	Required	Choices (if any)	Notes
Full Name	Text Input	Enter full name	✓ Yes		Must match I
National ID N	Text Input	Enter ID number	✓ Yes		Used for ider
Phone Numb	Phone Input	07XX XXX XXX	✓ Yes		For contact &
Email Addres	Email Input	user@example.com	✗ Optional		Used for digi
Date of Birth	Date Picker	Select your date of birth	✓ Yes		Used to dete
Occupation	Text Input	e.g., Teacher, Driver	✓ Yes		Risk level va
Risk Level	Dropdown	Select risk level	✓ Yes	Low, Medium	Affects prem
Cover Limit	Dropdown	Choose coverage amount	✓ Yes	KES 100K, 2	Determines r
Duration	Dropdown	Select duration	✓ Yes	3 months, 6	Affects prem
Preferred Ins	Dropdown	Select insurer	✓ Yes	CIC, PACIS,	Based on pri
Premium Am	Label (Auto)	Auto-calculated	✓ Yes		Based on oc
Upload ID C	File Upload	Upload National ID	✓ Yes		Required for
Declaration	Checkbox	I confirm all details are correc	✓ Yes		Required to p
Payment Me	Dropdown	Select method	✓ Yes	M-PESA, Card, Bank	
Submit & Pa	Button		✓ Yes		Sends details

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& STK push
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ries by occupation
ium pricing
max payout
ium calculation
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cupation + risk level + cover
claims & verification
proceed

s and initiates payment