

MAXPAC PERSONAL ACCIDENT PROPOSAL FORM

PRIVACY NOTICE

INTRODUCTION: Thank you for choosing UAP Insurance Company Limited. UAP Insurance Company Limited ("we", "us" or "our"), as data controller, respects your privacy and is committed to protecting your personal data and the personal data of third parties that you provide to us. This Privacy Notice is a summary of our Privacy Policy and describes how we collect, use, disclose, transfer, store or otherwise process your personal data and tells you about your privacy rights and how the law protects you. For the full version of the Privacy Policy, please visit www.uapoldmutual.com or contact us for a copy.

Personal data means any information relating to you as an identified or identifiable natural person. In order for us to provide the services you have requested from us, it is necessary that we collect and process personal data from you.

THE TYPES OF PERSONAL DATA THAT WE COLLECT: We may collect, use, store, transfer or otherwise process personal data about you or persons connected to you including identification information such as name and national identity card number or passport number, KRA PIN, nationality, gender, contact information such as email address, telephone number and postal address and information relevant to your insurance policy or relevant to your claim such as your health data.

If we require information about other people connected to you, we may request you to provide such information. If you are providing information about another person, please ensure that they know you are doing so and are content with their information being provided to us. It might be helpful to show them this Privacy Notice and our Privacy Policy and direct them to us if they have any concerns.

HOW DO WE COLLECT YOUR PERSONAL DATA? For most part, we will collect personal data directly from you and this may include personal data you provide when you apply for our products or services, make enquiries, register for our products offered through mobile and online platforms, request marketing information to be sent to you, give us feedback or contact us.

In some instances, we may collect and receive your personal data from third parties or publicly available sources including medical professionals and hospitals; directly from an individual or employer (or your employer's service provider) who has a policy with us under which you are insured; directly from an employer which funds a cover that we administer where you are a beneficiary; directly from a person who is making a claim or application to us and they include information about you which is related to that claim or application; insurance brokers or agencies; the Government of Kenya's e-citizen portal, Integrated Population Registration Services platform and other Government platforms; or publicly available sources such as the Companies Registry and the Business Registration Service.

HOW DO WE USE YOUR PERSONAL DATA AND WHAT LEGAL BASIS DO WE HAVE FOR PROCESSING YOUR PERSONAL DATA? We use your personal data to provide you with our insurance services. In this regard, we rely on the following lawful basis for processing your personal data:

- **Performance of contract:** Including setting up and administering a contract of insurance by providing you with a quote for the insurance policy, underwriting the risks to be insured or processing any claims that might be submitted under the policy;
 - **Legal and regulatory obligations:** Compliance with our legal and regulatory obligations such as KYC obligations under different statutes including the Proceeds of Crime and Anti-Money Laundering Act (No.9 of 2009) and the Tax Procedures Act (No. 29 of 2015);
 - **Consent:** We will also rely on your consent as a lawful basis for processing your personal data in the instances where we (a) process personal data relating to a child; (b) process sensitive personal data outside Kenya; and (c) provide you with marketing information; and
 - **Legitimate interests:** for our legitimate business interests, including prevention and detection of fraud.
- In the event that you fail to provide us with your personal data when requested, we may not be able to perform the contract we have or that we wish to enter into with you. In that case, we may have to cancel a product or service you have with us.

You have the right to withdraw your consent to our processing of your personal data at any time but please note, that your withdrawal will not affect the lawfulness of our processing of your personal data which was based on prior consent before your withdrawal or which is based on other legal basis for processing of your personal data. Please further note we may not be able to provide you with our products and services if you withdraw your consent.

WHO DO WE SHARE YOUR PERSONAL DATA WITH? In connection with the above purposes, we may share your personal data with third parties located within and outside Kenya such as our affiliates, public authorities or governments when required by law, our third-party service providers who help us manage our products and services including those service providers who maintain our IT and office systems, provide marketing and advertising services, provide application processing, fraud monitoring, call center and/or other customer services. In that connection, we will take adequate steps to protect your personal data including entering into agreements with third party recipients of your personal data (as applicable) governing protection of personal data.

DATA SECURITY: We have put in place appropriate security measures to prevent your personal data from being accidentally lost, used or accessed in an unauthorised way, altered or disclosed. In addition, we limit access to your personal data to those employees, agents, contractors and other third parties who have a business need to know. We have also put in place procedures to deal with any suspected personal data breach and will notify you and any applicable regulator of a breach where we are legally required to do so.

Retention and Storage of Your Personal Data

We will only retain your personal data for as long as may be necessary to fulfil the purpose we collected it for, including for the purposes of satisfying any legal, regulatory, tax, accounting or reporting obligations.

YOUR LEGAL RIGHTS

You have the right to:

- be informed of the use to which your personal data is to be put as we have endeavoured to outline in this Privacy Notice and our Privacy Policy;
- request access to your personal data that we hold about you;
- object to the processing of all or part of your personal data;
- request correction of inaccurate, false or misleading data that we hold about you; and
- request deletion of false or misleading data that we hold about you.

CONTACTING US: If you have any concerns about the use of your personal data, questions about this Privacy Notice or our Privacy Policy including any requests to exercise your legal rights under the law, please contact us using the details set out below:

- Email address: dataprivacy@uapoldmutual.com
- Postal address: P.O. Box 43013-00100, Nairobi
- Physical address: UAP Old Mutual Tower, Upperhill Road
- Telephone number: +254 20 2850000

We will respond to your questions or concerns in a timely manner and in compliance with the relevant laws.

UAP INSURANCE COMPANY LIMITED

UAP Old Mutual Tower, Upper Hill Road, P.O Box 43013-00100 Nairobi, Tel: +254 711 065 100 / +254 20 285 0000
www.uapoldmutual.com



Consent for Marketing Purposes: We would like to use your details to provide you with information about insurance products, services and special offers from us or our affiliates. Please note that if you do not want to receive our marketing information you may opt-out by contacting us at any time. Please tick the relevant boxes below if you agree to receive marketing information from us:

☐ I consent

☐ I do not consent to receiving marketing information

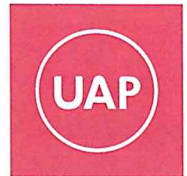
DECLARATION

I/we the undersigned desire to effect insurance in terms of the policy to be issued by the Company against Liability to my/our Employees within the meaning of the Work Injury Benefits Act, 2007. I/we agree to keep detailed records of all persons employed (including Identification documents) and to submit within thirty days after the end of each period of Insurance a statement in the form required by the Company of all wages, salaries, other earnings, which shall be duly certified by our Auditors and to pay premium on any amount in excess of the amount estimated above. I/we hereby declare that all the above statements and particulars are true and I/we have not suppressed, misrepresented or incorrectly stated any material fact, and that I/we have fairly estimated the total amount of Wages, salaries and other earnings and I/we agree that this declaration shall be the basis of the contract between me/us and the Company. I/We confirm that I/we have read and understood the above Privacy Notice and the Privacy Policy and that any queries/concerns I/we have with regard to the nature and purpose of the processing of personal data have been adequately addressed.

Signing this proposal form does not bind the proposer or underwriter to accept this insurance.

Date
For and on behalf of (Name)
Signature (If Corporate)
Name & Designation of Contact Person

The liability of the Company does not commence until acceptance of the proposal has been intimated by the Company, or an official cover note has been issued, and the first premium paid.



Better. Simple. Life.

MAXPAC PERSONAL ACCIDENT PROPOSAL FORM

Insured Details

Full Name _____
Last Middle First

Date of Birth _____ Occupation _____

Address _____ Postal Code _____

E-mail _____ Land Line Tel _____ Mobile Number _____

PIN _____ Passport No. / ID No. _____

Next of Kin: Name (s) _____ Relationship _____

Period of Insurance: From _____ To _____

Have you previously held a personal Accident Policy? Yes ☐ No ☐ If yes, name insurer _____

Are you free from physical disability or mental illness to the best of your knowledge? Yes ☐ No ☐

If No, please give details _____

Give details of all accidents which you have sustained during the last five (5) years _____

Are you engaged in any of the excluded activities/occupations mentioned below? Yes ☐ No ☐

- | | | |
|--|--|--|
| 1. Manufacture of fire works or explosives | 2. Sinking of air, water, or gas wells | 3. Construction and maintenance of dams |
| 4. Airline crew & ship or boat crew | 5. Racing, Rallies and speed testing | 6. Naval, military, police or Air force operations |
| 7. Professional sports | 8. Diving | 9. Mining |

If yes, would you like an extension of cover (at 25% of the basic premium) while engaged in these activities? Yes ☐ No ☐

Cover selected A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G ☐
(Please see reverse)

Declaration

I warrant that the above statements made by me or on my behalf are true and complete to the best of my knowledge and belief and I agree that this proposal shall be the basis of the contract between me and the company. I also declare that no insurer has ever declined, refused to renew, terminated my insurance, increased my insurance premium or imposed special terms.

I agree to accept a policy in the company's usual form for this class of insurance

Signature _____ Signed by _____ Date _____

Agency _____

(FOR COVER OPTIONS AVAILABLE SEE REVERSE)

UAP Insurance Company Limited

Bishops Garden Towers, Bishops Road, P O Box 43013 00100, NAIROBI, KENYA
Tel: 2712175, 2850000 Fax: 2719030 E-mail: uapinsurance@uapkenya.com website: www.uapkenya.com

OPTIONS	A	B	C	D	E	F	G
BENEFITS (KShs)							
A. Accidental Death	750,000	1,000,000	2,000,000	3,000,000	5,000,000	7,500,000	10,000,000
B. Accidental Permanent Total Disablement (Continental Scale Benefits)	750,000	1,000,000	2,000,000	3,000,000	5,000,000	7,500,000	10,000,000
C. Hospital Cash	2,000	2,500	5,000	7,500	8,500	10,000	20,000
D. Accidental Temporary , Total Disablement, (Loss of Income) per week maximum 104 weeks	3,500	5,000	10,000	15,000	20,000	25,000	30,000
E. Accidental Medical Expense	75,000	100,000	200,000	250,000	300,000	400,000	500,000
F. Artificial Appliance (Accidental Loss)	10,000	20,000	25,000	30,000	35,000	40,000	50,000
G. Last Expense (Accidental Death)	10,000	15,000	25,000	35,000	50,000	50,000	75,000
ANNUAL PREMIUMS INCLUSIVE OF LEVIES (KSHS)							
Entry Age bracket 18< 50	2,800	4,000	6,800	9,900	14,600	20,200	26,300
Entry Age bracket 51< 65	3,200	4,800	8,200	11,900	17,500	24,300	31,600

Branches: Nakuru: Tel 051 - 2212910 , E-mail: nakuru@uapkenya.com , Mombasa: Tel 041 - 2223777/8, E-mail: mombasa@uapkenya.com
Nyeri: Tel 061- 2030660, E-mail: nyeri@uapkenya.com, Eldoret: Tel 053 - 2061437/8 , E-mail: eldoret@uapkenya.com, Kisumu: Tel 057 - 2020119

E-mail: kisumu@uapkenya.com , Machakos: Tel 044 - 20011, Fax 044 - 21425, Meru: Tel 0722 996728, Wireless 020-2423190, Thika: Tel 020 2486804, 020 2486805