



ICEA LION CENTRE,  
Riverside Park, Chiromo Rd,  
Westlands-Nairobi.  
P.O Box 30190 – 00100  
Nairobi. Kenya  
Tel: 2750 000  
Fax: 020 - 2223803  
Email: info@icealion.com  
Website: icealion.com

## Renewal Endorsement No: R40270723

### Currency: Kenya Shillings

Basic Premium	1,737,500
Training Levy	3,475
PCF	4,344

**Total Payable 1,745,319**

### The Insured

STRATHMORE UNIVERSITY

### Postal Address

P O BOX 59857 - 00200  
NAIROBI

Policy No: 092-A0-556684-20

Debit Note No: 24605534

Risk Type : GROUP PERSONAL ACCIDENT

Period of Insurance : From 01-Jan-2024 To 31-Dec-2024

It is hereby declared and agreed that with effect from 01-January-2024 the insurance cover provided by this Policy is deemed to be renewed as per attached specification/schedule for a further period, so as to expire on 31-December-2024.

Subject otherwise to the terms and conditions of the Policy.



For your convenience, we are accepting payments through :-

- Cheque Deposit | Bank Transfer to NCBA Bank :  
KSHS. Acc. No. 1000417749 | USD Acc. No. 1000418168
- USSD code \*793#
- M-PESA No. 300901; | Acc. No. is Car Registration or Policy Number



ICEA LION GENERAL INSURANCE COMPANY LTD

**Signed For The Company**

Account Period: 202401

Agency : SEDGWICK KENYA INSURANCE BROKERS

Checked By : hkihiu

Prepared By : skiio

Account No. 785

Date of Issue : 20-December-2023

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Specification attaching to and forming part of **GROUP PERSONAL ACCIDENT** Policy No. **092-A0-556684-20** in the name of  
**STRATHMORE UNIVERSITY**

Class	GROUP PERSONAL ACCIDENT	Sum Insured(Kshs)
Item No.	Risk Details	
CATEGORY OF EMPLOYEES:	ALL STUDENTS OF THE INSURED	500,000,000
Artificial Appliances	50,000.00	
Total Number of People	5,000	
Death - Per Person	500,000.00	
Permanent Total Disability - Per Person	500,000.00	
Medical Expenses - Per Person	100,000.00	
Funeral Expenses	50,000.00	
Accumulation Limit		500,000,000