



## 6. Britam Personal Accident Schedule of Benefits

	Option A	Option B	Option C	Option D	Option E	Option F	Option G	Option H	Option I
Death	250,000	500,000	800,000	1,000,000	2,000,000	3,000,000	5,000,000	8,000,000	10,000,000
Permanent total disability	250,000	500,000	800,000	1,000,000	2,000,000	3,000,000	5,000,000	8,000,000	10,000,000
Temporary total disability	1,500	5,000	8,000	10,000	12,500	15,000	30,000	40,000	50,000
Medical expenses	50,000	70,000	100,000	150,000	200,000	250,000	500,000	800,000	1,000,000
Funeral expenses	10,000	50,000	60,000	70,000	80,000	90,000	100,000	120,000	150,000
Annual premium per person including levies and stamp duty	<b>1,282</b>	1,773	2,682	3,591	5,605	<b>9,407</b>	13,144	20,180	25,228

### Next of Kin:

Name: \_\_\_\_\_ ID Number: \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Relationship: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Name: \_\_\_\_\_ ID Number : \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Relationship: \_\_\_\_\_

### Spouse:

Name: \_\_\_\_\_ ID / Passport Number \_\_\_\_\_ Pin Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_

Indicate Selected Cover Option For Insured \_\_\_\_\_ Premium Amount (Kshs) \_\_\_\_\_

Indicate Selected Cover Option For Spouse \_\_\_\_\_ Premium Amount (Kshs) \_\_\_\_\_

## PLAN OF BENEFITS PER CHILD (BELOW 18 YEARS)

(19-25 Year-Evidence from parents or Guardian that the child is under care of the same and in school)

BENEFIT	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5
Accidental death	50,000	75,000	100,000	150,000	200,000
Permanent disabilities	50,000	100,000	200,000	400,000	500,000
Accidental dental treatment	10,000	10,000	10,000	10,000	10,000
Accident medical expenses	40,000	60,000	70,000	100,000	150,000
Artificial appliances	25,000	30,000	35,000	40,000	50,000
Funeral cover	20,000	20,000	20,000	20,000	20,000
Annual premium per child inclusive of levies and stamp duty	367	500	623	879	1,180

## CHILDREN SCHEDULE

1. Child full name \_\_\_\_\_ Date of birth \_\_\_\_\_

Indicate Selected Cover Option For Child \_\_\_\_\_ Premium Amount (Kshs) \_\_\_\_\_

2. Child full name \_\_\_\_\_ Date of birth \_\_\_\_\_

Indicate Selected Cover Option For Child \_\_\_\_\_ Premium Amount (Kshs) \_\_\_\_\_

3. Child full name \_\_\_\_\_ Date of birth \_\_\_\_\_  
 Indicate Selected Cover Option For Child \_\_\_\_\_ Premium Amount (Kshs) \_\_\_\_\_
4. Child full name \_\_\_\_\_ Date of birth \_\_\_\_\_  
 Indicate Selected Cover Option For Child \_\_\_\_\_ Premium Amount (Kshs) \_\_\_\_\_
5. Child full name \_\_\_\_\_ Date of birth \_\_\_\_\_  
 Indicate Selected Cover Option For Child \_\_\_\_\_ Premium Amount (Kshs) \_\_\_\_\_

## SECTION F

### DETAILS OF THE INTERMEDIARY

1. Name of The Intermediary \_\_\_\_\_
2. Cell phone number of the intermediary \_\_\_\_\_
3. Email Address of the Intermediary \_\_\_\_\_
4. Intermediary Signature \_\_\_\_\_ Date \_\_\_\_\_

### PREMIUM PAYMENT

Premium payment are to be paid directly to the company through the below noted options:

- Mpesa pay bill number – 111555 and the account number should either be your **car registration number** for Motor Vehicle Insurance or **National Identification (ID)** number for Domestic package and Personal Accident policies.
- Personal / Corporate Cheques
- Visa Cards
- Bank deposit / EFTs

Bank – Equity Bank Limited  
 Account Name – BRITAM  
 Branch – Community Corporate  
 Account Number – 0180293047296

**NB : PLEASE NOTE THAT COMPANY SHALL NOT BE HELD LIABLE FOR ANY PREMIUM FUNDS PAID TO AN INDIVIDUAL WHETHER THIRD PARTY OR BRITAM STAFF.ALL PAYMENTS MUST BE ACCOMPANIED BY A RECEIPT.**

### DECLARATION

I/We desire to be insured by Britam General Insurance Company Kenya Limited, as per descriptions above I/We hereby warrant that the above statements and particulars are true, and I /We have not suppressed, misrepresented or mis-stated any material fact and I/We agree that the declarations shall be the basis of the contract between Me/Us and the Company. I/We further agree that if this proposal in any particular is filled by any other person, such person shall be deemed my/our agent and not the agent of the Company. I/We further declare that I/We have read and understood all Particulars entered herein and I/We have signed this after verifying the same to be true and complete in all respects.

Insured name and signature \_\_\_\_\_ Date \_\_\_\_\_

**No liability (except for the period stated in the Insurer's Official Cover Note) is undertaken until the Proposal is accepted by the Insurer and the premium paid.**

### DOCUMENTS TO ATTACH

1. Customer's Copy of National ID or Passport for insured and spouse
2. Customer's copy of KRA PIN for insured and spouse

