



"A Symbol of Trust, Security and Progress"

Tausi Assurance Company Limited

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PERSONAL ACCIDENT INSURANCE QUESTIONNAIRE & PROPOSAL FORM.

The issuing of this form is not to be taken as an admission of liability by the Insurers.

NB: All questions must be answered in full. Dashes are not acceptable. Please use **BLOCK LETTERS** and tick where appropriate.

PARTICULARS OF PROPOSER

1. Name of proposer (in full)

2. Postal Address:

P.O Box:

Code:

Town:

3. PIN No.

(Attach Copy of Certificate)

4. Telephone

5. ID/Passport No. (Individual)

(Attach Copy of Certificate)

6. Certificate of incorporation No. (Corporate)

(Attach Copy of Certificate)

7. Email Address

10. Profession or Occupation

11. Name of Employer

12. Period of Insurance

From:

To:

13. Name and address of Beneficiary

(Attach full copy of ID of Beneficiary)

10. Date of Birth

Weight:

Height:

11. Have You

(a) Any physical defect or infirmity?

☐ YES

☐ NO

(b) Ill Health of any description?

☐ YES

☐ NO

If so, give details

10. Do you engage in:

(a) Any of the activities listed below?

- | | | |
|---|--|--|
| • Aqualung Diving | • Motor-Cycling whether as a driver or Passenger | • Ski-ing or sledging |
| • Boxing | • Parachuting | • Steeple chasing |
| • Climbing or mountaineering necessitating the use of ropes or guides | • Polo | • Use of Woodworking Machinery |
| • Football (except amateur Soccer) | • Pot-holing | • Water Ski-Jumping and Tricks |
| • Hang Gliding | • Power Boating | • Winter Sports |
| • Hunting | • Racing other than on foot | • Wrestling including, Judo, Karate and Unarmed Combat |
| • Ice Hockey | • Rugby | • Yachting outside Territorial Waters |
| • Motor Competitions | • Show Jumping | |

(b) Any other hazardous activities?

☐ YES

☐ NO

If so give details

PARTICULARS OF INSURANCE

1. Have you ever been Insured for this type of cover proposed?

☐ YES

☐ NO

If so, please give name of Insurers and details

2. Are you currently Insured for the type of cover proposed?

☐ YES

☐ NO

If so, please give name of Insurers and other details.

3. Have any office of an Insurance Company or Underwriter ever?

(a) Cancelled your policy?

☐ YES

☐ NO

(b) Declined to Insure you?

☐ YES

☐ NO

(c) Declined to renew your Policy?

☐ YES

☐ NO

(d) Imposed any special terms?

☐ YES

☐ NO

(e) Repudiated any claim?

☐ YES

☐ NO

If the answer to any of the above reasons is yes, please give details:

4. Has any Insurer ever declined or deferred a life Insurance proposal or imposed special terms?

☐

YES

☐

NO

If yes, give details

5. If this Insurance is additional to any other personal accident Insurance policies please give particulars of all other policies as under or attach a copy of the policy schedule.

Policy Number	Name of Insurance Company	Sum Insured	Expiry Date

CLAIMS EXPERIENCE

1. Have you or any employees covered under Group Accident Cover suffered any accidents in the last 5 years?

☐

YES

☐

NO

If so, give particulars of each accident as under:

Date of Accident	Nature of Claim	Compensation Amount Received	Name of Company which paid the Claim

IF THE SPACE IS NOT SUFFICIENT ATTACH PAPER WITH DETAILS

BENEFITS REQUIRED

1. Benefits - State amount to be Insured under each heading in Kenya Shillings

IMPORTANT NOTE

Weekly Benefit should not exceed 75% of weekly income

Name of Persons to be Insured (Mr/Mrs/Ms	Occupation	Death and/or Permanent Total Disablement Benefit A	Temporary Total Disablement (per week) Benefit B	Medical Expense Limit Benefit C	Premium

ATTACH SEPARATE SHEET IF SPACE IS NOT SUFFICIENT

2. In case of Group Personal Accident –

Is cover required on:

(a) 24-hour basis?

☐

YES

☐

NO

(b) Occupational Risks only?

☐

YES

☐

NO

CLASSIFICATION OF OCCUPATIONS AND PERMANENT DISABLEMENT BENEFITS ARE DETAILED

CLASSIFICATION OF OCCUPATIONS

The Premium to be paid is based primarily on Occupation which can be classified as under:

Class I:	Accountants, Medical Practitioners, Architects, Consulting Engineers, Teachers, Bankers, and Persons primarily engaged in Administrative, Secretarial and Managerial Functions, Shop-Keepers, Shop Assistants not using Machinery, Commercial Travelers and persons engaged in occupations of similar hazard.
Class II:	Builders Contractors, Engineers engaged in superintending functions only, Veterinary Doctors, Drivers of Private Motor Cars and Light Vans and persons engaged in occupations of similar hazard.
Class III:	All persons engaged in Manual Labor (except those in class IV), Cash Carrying Employees, Drivers of Trucks or Lorries and Heavy Vehicles, Garage and Motor Mechanics, Machine Operators, Professional Athletes and Sportsmen, Woodworking Mechanists and persons engaged in occupations of similar hazard.
Class IV:	Persons engaged in Underground Mines, Explosive Factories, Magazine, Workers in Electric Installations with high voltage supply, Circus Personnel and persons engaged in occupations of similar hazard.

COMPENSATION PAYABLE FOR PERMANENT TOTAL DISABLEMENT OR DISMEMBERMENT OF LIMBS IS A PERCENTAGE OF CAPITAL SUM PROPOSED

DISABILITY	PERCENTAGE	DISABILITY	PERCENTAGE
Permanent Total Disablement from attending to employment, occupation or business of any kind whatsoever	100	Loss of Index Fingers	
Loss of Two Limbs	100	• Three Phalanges	10
Total Loss of Sight of Both Eyes	100	• Two Phalanges	8
Loss of One Eye	50	• One Phalanx	4
Loss of One Leg above the ankle	50	Loss of Middle Finger	
Loss of Toes	20	• Three Phalanges	6
Great, Both Phalanges	5	• Two Phalanges	4
Great, One Phalanx	2	• One Phalanx	2
Other than great if more than One Toe lost, each	1	Loss of Right Finger	
Loss of hearing, Both Ears	50	• Three Phalanges	5
Loss of hearing, One Ear	15	• Two Phalanges	4
Loss of One Arm at/or above Wrist	50	• One Phalanx	2
Loss of Four Fingers & Thumb of One Hand	42.5	Loss of Little Finger	
Loss of Four Fingers	35	• Three Phalanges	4
Loss of Thumb		• Two Phalanges	3
• Both Phalanges	25	• One Phalanx	2
• One Phalanx	10	Loss of Metacarpals	
		• First or Second(additional)	3
		• Third, Fourth or Fifth(additional)	2