



PERSONAL ACCIDENT INSURANCE PROPOSAL FORM

NAME OF PROPOSER/DRIVER.....

DATE OF BIRTH.....

GENDER

MALE

FEMALE

REGISTRATION NUMBER.....

OCCUPATION

TELEPHONE NUMBER

ID NUMBER

KRA PIN

1. Have you suffered any accidents previously

NO

YES

If yes, give details including extent of injuries

2. Do you suffer from any physical defect or injury

NO

YES

If yes, give details including extent of injuries

3. Do you suffer from any Chronic or recurring illness

NO

YES

If yes, give details including extent of injuries

NEXT OF KIN DETAILS

NAME(S) 1.

2.

CELLPHONE NUMBER(S):

ID NUMBER(S).....

RELATIONSHIP WITH THE INSURED (eg spouse, brother etc)

.....

Declaration

I hereby declare that the above responses and statements are true and that I have withheld no material information regarding this proposal.

Date:

Signature of Insured:

Kindly scan and send this form to insurance@2nksacco.co.ke

Attach a copy of your KRA pin certificate and I.D

Guideline on how to pay via M-PESA

- **Go to M-PESA**
- **Lipa na M-PESA**
- **Paybill ,enter business number 522448**
- **Account number (your two names)**
- **Amount 2350**

Send the mpesa transaction sms to 0723902306 or WhatsApp.

For any queries contact us on 0723902306