

PERSONAL ACCIDENT INSURANCE PROPOSAL FORM

NAME OF PROPOSER/DRIVER			NEXT OF KIN DETAILS
DATE OF BIRTH			NAME(S) 1
GENDER			2
MALE	IALE FEMALE		CELLPHONE NUMBER(S):
REGISTRATION NUMBER			ID NUMBER(S)
OCCUPATION			RELATIONSHIP WITH THE INSURED (eg spouse, brother etc)
TELEPHONE NUMBER			
ID NUMBER			Declaration
KRA PIN			I hereby declare that the above responses and statements are true and that I have withheld no material information regarding this proposal.
1.	Have you su NO	ffered any accidents previously YES	Date:
	If yes, give details including extent of injuries		Signature of Insured:
			1. Kindly scan and send this form to <u>insurance@2nksacco.co.ke</u>
2.	Do you suffer from any physical defect or injury		2. Attach a copy of your KRA pin certificate and I.D
		YES	3. Guideline on how to pay via M-PESA
			• Go to M-PESA, Lipa na M-PESA
	If yes, give details including extent of injuries		• Paybill ,enter business number 522448
3.		er from any Chronic or recurring illness	Account number (Your I.D number)
0.			• Amount 2350
	NO	YES	4. Send the mpesa transaction sms or Whatsapp to 0723902306.
	If yes, give	details including extent of injuries	
			5. For any queries contact us on 0723902306.