



# KENSKY INSURANCE Agency

*Building Partnerships*

Gill House Moi Ave. 2nd Floor

P.O. Box 9006 - 00200 Nairobi

Tel: 0733 750 982 Cell: 0721-442703

info@kensky.co.ke, Web: www.kensky.co.ke

## DATA REQUEST FORM – PERSONAL ACCIDENT

### DETAILS OF PROPOSER

Name:  Postal address:

Occupation:  Age:

Tel.No.  Email address:

KRA Pin:  Id Number:  D.O.B

Next of kin  Period/Start Date:  To:

### DETAILS COVER

Medical expenses

Sum insured 1) Death  2) Permanent total disablement  3) Temporary total disablement

ii) Required special terms to insure you? Yes  No.

### OTHER POLICIES

Any other policy insuring this property? Yes / No. If so state insurer and policy number

### INSURANCE HISTORY

Has any insurer -:

i) Declined to insure you? Yes  No

iii) Cancelled or declined to renew your insurance? Yes  No.

iv) Increased premium at renewal? Yes  No.

If you answered yes above please give details

### CLAIMS HISTORY

Have you claimed in the past? If so give details

### DECLARATION

I do hereby declare that the above answers are true and I have not withheld any material information regarding this proposal.

SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_