

MaxPac

Personal Accident Insurance Cover

GENERAL INSURANCE



It's my life



Better. Simple. Life.

What Is Covered

The insurance provides cover in the event that you sustain injury or die as a result of an accident. The insurance covers all sorts of accidents and is also a 24 hour cover.

1. Accidental Death
2. Permanent disability as a result of the accident (the extent of disability will be determined by the doctor)
3. Cash payment upto the provided limit, upon admission to hospital
4. Temporary total disability resulting in loss of income - maximum 2 years
5. Medical expenses as a result of an accident
6. Purchase of artificial appliances such as clutches
7. Payment of a final benefit for purposes of organising funeral expenses

How Do I Sign Up

1. Select the option that best suits your financial position/requirements
2. Complete the proposal form
3. Return the form together with your cheque / cash payment

How Do I Claim

1. Report all injuries to UAP offices
2. Complete the claim form and attach supporting documents. e.g receipts/medical reports/police abstract etc.

Definitions

PERMANENT TOTAL DISABLEMENT shall mean absolute disablement from engaging in or giving attention to your ordinary profession or occupation.

TEMPORARY TOTAL DISABLEMENT shall mean disablement from engaging in or giving attention to any portion of the insured person's ordinary profession or occupation.

MEDICAL EXPENSES shall mean the cost of medical, surgical or other remedial attention treatment given or prescribed by a qualified medical practitioner.

COST OF ARTIFICIAL APPLIANCES shall mean the cost of appliances given or prescribed by a qualified and registered member of the medical profession.

Excess:

Temporary Total Disablement (Excluding the first seven (7) days)

Hospital Cash (Excluding the first three (3) days)

OPTIONS

A

B

C

D

E

F

G

BENEFITS (KShs)

A. Accidental Death	750,000	1,000,000	2,000,000	3,000,000	5,000,000	7,500,000	10,000,000
B. Accidental Permanent Total Disablement							
(Continental Scale Benefits)	750,000	1,000,000	2,000,000	3,000,000	5,000,000	7,500,000	10,000,000
C. Hospital Cash	2,000	2,500	5,000	7,500	8,500	10,000	20,000
D. Accidental Temporary, Total Disablement, (Loss of Income) per week maximum 104 weeks	3,500	5,000	10,000	15,000	20,000	25,000	30,000
E. Accidental Medical Expense	75,000	100,000	200,000	250,000	300,000	400,000	500,000
F. Artificial Appliance (Accidental Loss)	10,000	20,000	25,000	30,000	35,000	40,000	50,000
G. Last Expense (Accidental Death)	10,000	15,000	25,000	35,000	50,000	50,000	75,000

ANNUAL PREMIUMS INCLUSIVE OF

LEVIES (KSHS)

Entry Age bracket 18 < 50	2,800	4,000	6,800	9,900	14,600	20,200	26,300
Entry Age bracket 51 < 65	3,200	4,800	8,200	11,900	17,500	24,300	31,600

Max Pac Proposal Form

INSURED PERSON



TITLE	SURNAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH	OCCUPATION

2. Address _____ Postal Code _____

3. E-mail _____ Land Line Tel _____ Mobile Number _____

4. PIN _____ Passport No. / ID No. _____

5. Next of Kin: Name (s) _____ Relationship _____

6. Period of Insurance: From _____ To _____

7. Have you previously held a personal Accident Policy? Yes: No If yes, name insurer _____

8. Are you free from physical disability or mental illness to the best of your knowledge? Yes No

If No, please give details _____

9. _____ Give details of all accidents which you have sustained during the last five (5) years _____

10. Are you engaged in any of the excluded activities/occupations mentioned below? Yes No

- | | | |
|--|--|--|
| 1. Manufacture of fire works or explosives | 2. Sinking of air, water, or gas wells | 3. Construction and maintenance of dams |
| 4. Airline crew & ship or boat crew | 5. Racing, Rallies and speed testing | 6. Naval, military, police or Air force operations |
| 7. Professional sports | 8. Diving | 9. Mining |

If yes, would you like an extension of cover (at 25% of the basic premium) while engaged in these activities? Yes No

11. Cover selected A B C D E F G

12. Declaration

I warrant that the above statements made by me or on my behalf are true and complete to the best of my knowledge and belief and I agree that this proposal shall be the basis of the contract between me and the company. I also declare that no insurer has ever declined, refused to renew, terminated my insurance, increased my insurance premium or imposed special terms.

I agree to accept a policy in the company's usual form for this class of insurance

Signature _____ Signed by _____ Date _____

Agency _____

Death or injury while the insured person is engaged in the following activities is excluded but can be covered for 50% of the cover limit at an additional premium of 25% of the basic premium of the limit chosen.

1. Manufacture of fire works or explosives
2. Sinking of air, water or gas wells
3. Construction and maintenance of coffer dam
4. Airline crew & ship or boat crew
5. Racing, Rallies and speed testing
6. Naval, military, police or Air force operations
7. Professional sports
8. Diving
9. Mining

Kenya

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