



Miran Insurance Brokers Ltd.

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DATA REQUEST FORM – PERSONAL ACCIDENT

DETAILS OF PROPOSER

Name: Postal address:

Tel.No. Email address:

Occupation: Age

Any physical infirmity

DETAILS COVER

Sum insured 1) Death 2) Permanent total disablement

3) Temporary total disablement 4) Medical Expenses

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.
- ii) Required special terms 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: ____/____/____