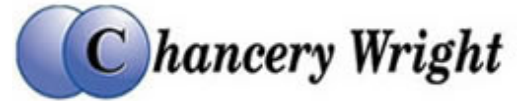


Chancery Wright Insurance Brokers Ltd

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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
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: ____/____/____