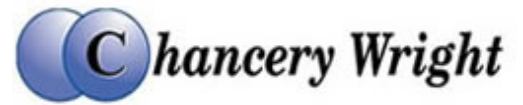


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DATA REQUEST FORM – WORK INJURIES BENEFITS ACT (WIBA)

DETAILS OF PROPOSER

Name: Postal address:
Tel.No. Email address:
Occupation: Age 18 – 65 Yrs:

Any physical infirmity

DETAILS COVER

Sum insured 1) Death 2) Permanent total disablement 3) Temporary total disablement
Medical expenses Funeral Expenses
Number of persons covered Life Assistant Estimated Annual Wage roll
Accumulation Limit

OTHER POLICIES

Any other policy insuring this risk? 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: ____/____/____