

DOMESTIC PACKAGE - FLEXI PRODUCT

Policy No.:

(New business only)

PRIVACY NOTICE

By completing this form, you will have provided NCBA Insurance Company Limited (NCBA-IG) with your Personal Data. Personal Data is any information that identifies you or other individuals named in this form. Please note that you should only provide Personal Data about someone else to us with the individual's express permission. NCBA Insurance will, in adherence to the principles of data protection, collect, store, use, transfer (including cross-border), and disclose certain Personal Data in connection with the provision of insurance services. You have a right to be informed of the use to which your Personal Data is to be put; a right to access your Personal Data in our custody and to request us transfer it to another organisation; a right to object to the processing of all or part of your Personal Data; a right not to be subject to a decision based solely on automated processing; a right to correction of false or misleading data; and to deletion of false or misleading data about you. Detailed information about how we use Personal Data is set out in our Privacy Policy, which you can find at <https://ke.ncbagroup.com/privacy-policy/>.

PERSONAL DETAILS

Full Name: _____ PIN No.: _____
(As it appears on identification document provided) (Attach copy)

Date of Birth: _____ Business/Occupation: _____
(Please provide a brief description of your occupation, business or principal activity)

Identification Document & No.: National/Alien ID: No. Passport: No.
(Please select one & attach copy) Driving license: No. _____ Other: _____

Nationality: _____ Current Residential Address: _____

Tel No. _____ Tel No. _____ Email: _____

Mailing Address: P.O. Box: _____ Town: _____ Post Code: _____ Country: _____
(Main line) (Alternative line)

NEXT OF KIN DETAILS

Please provide details of your next of kin.

Name <small style="color: #0070C0; font-size: x-small;">(As it appears on identification document)</small>	ID/Passport No.	Relation	Telephone number	Current Address
Please provide details of your beneficiaries.				

TECHNICAL DETAILS

CONTENTS, ALL RISKS AND LIABILITY					
	<input type="checkbox"/> OPTION 1	<input type="checkbox"/> OPTION 2	<input type="checkbox"/> OPTION 3	<input type="checkbox"/> OPTION 4	<input type="checkbox"/> OPTION 5
Policy Section	750,000	1,000,000	1,250,000	1,500,000	2,000,000
Home Contents	150,000	250,000	350,000	450,000	650,000
All Risks Section (worldwide)	Sum Insured (Kshs)	Sum Insured (Kshs)	Sum Insured (Kshs)	Sum Insured (Kshs)	Sum Insured (Kshs)
Domestic Employees	Limit: 1,000,000	Limit: 1,000,000	Limit: 1,000,000	Limit: 1,000,000	Limit: 1,000,000
Personal Legal Liability	Limit: 1,000,000	Limit: 1,000,000	Limit: 1,000,000	Limit: 1,000,000	Limit: 1,000,000
Golfer's Legal Liability	Limit: 50,000	Limit: 50,000	Limit: 50,000	Limit: 50,000	Limit: 50,000
TOTAL ANNUAL PREMIUM	12,094	16,614	21,135	26,157	35,198
Limit & Policy Excess					
Single article limit - Contents	75,000 any one time	100,000 any one time	125,000 any one time	150,000 any one time	200,000 any one time
Single article limit - All Risks	20,000 any one time	30,000 any one time	40,000 any one time	50,000 any one time	75,000 any one time
Policy Excess - Contents	1,000 any one time	1,000 any one time	1,000 any one time	1,000 any one time	1,000,000 any one time
Policy Excess - All Risks	2,500 any one time	2,500 any one time	2,500 any one time	2,500 any one time	2,500 any one time

1. Physical location _____ Plot No.: _____
2. Materials used to construct:
 - a. Walls? _____
 - b. Roof? _____
 - c. Outbuilding _____
 - (i) Walls _____
 - (ii) Roof _____

CONSENT AND DECLARATION

Privacy Consent

Where you have shared sensitive personal information, including your health status, property details, and family details, we require your explicit consent for cross-border transfer. By ticking the box below, you consent to the international transfer of the sensitive personal information for policy management, claims processing, and customer support. Your data will be protected under appropriate safeguards, and you may withdraw your consent at any time by contacting ncbinsurance@ncbagroup.com.

I consent

I do not consent

Declaration

I/We have received, read and understood the summary of cover for this policy. I/We declare that the statements and particulars in this proposal are true and that I/We have not misstated or suppressed any material facts. I/We agree that this proposal, together with any other information supplied by me/us, shall form the basis of any contract of insurance effected thereon. Signing this proposal form does not bind the proposer or underwriter to complete the contract of insurance.

Name:

Signature:

Date:

(If Corporate)

Name:

Designation:

Company Stamp;

