



# TRAVEL INSURANCE PROPOSAL FORM

## PRIVACY NOTICE & CONSENT STATEMENT

By completing this form, you will have provided AIG Kenya with your Personal Data. Personal Data is any information that identifies you or other individuals named in this form. This may include Sensitive Personal Data concerning your health status, property details, sex, marital status, and family details, including names of your children, parents, spouse, or spouses. Please note that you should only provide Personal Data about someone else to us with the individual's express permission. AIG Kenya will only process Personal Data of a child with the consent of the parent or guardian.

AIG Kenya 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 and a right to withdraw consent.

Detailed information about how we use Personal Data is set out in our Privacy Policy, which you can find at [https://www.aig.co.ke/privacy\\_policy](https://www.aig.co.ke/privacy_policy).

By signing below, I give AIG Kenya permission to use my Personal Data as described above and confirm that where I have provided information about others, I am authorised to do so. I also understand that by withholding or withdrawing this consent, AIG Kenya may not be able to provide insurance services to me.

Print Name:

Signature:

Date:

## SECTION 1: IDENTIFICATION INFORMATION

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.

Current Residential Address:

Office Phone No.

Cellphone No.

Email:

Mailing Address: P.O.Box:

Town:

Post Code:

Country:

Agent / Broker:

Tel No.:

Consultant:

## SECTION 2: BENEFICIARIES (If under 18 years, details of guardian)

Please provide details of your beneficiaries

Name (As it appears on identification document)	ID/Passport No. (Attach Copy)	Relation	Telephone number	Current Address

## SECTION 3: TYPE OF COVER

Please tick where appropriate

Premier Worldwide

Europe Schengen Travel

Inbound Travel

Incountry Travel

Name (As it appears on identification document)	ID/Passport No. (Attach Copy)	Relation	Telephone number	Current Address

## SECTION 4: TRAVEL DETAILS

Destination of Travel:

From:

To:

Destination of Travel:

From:

To:

Mode of Payment:

Bank Transfer

Cheque

M-Pesa

Currency

## DECLARATION

I/We declare that the above information is true and correct and that the signing of this claim form also constitutes written authority for AIG Kenya to inspect or investigate any medical records or details relevant to this claim. I/we further declare that I/ we are aware that any misrepresentation and / or non-disclosure in respect of information provided herein shall render my/our claim null and void.

Please tick as appropriate:

I Authorise AIG Kenya

I do not Authorise AIG Kenya

Comments:

Authorised Person:

Signature:



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AIG Kenya Insurance Company is regulated  
by Insurance Regulatory Authority.