

Old Mutual General Insurance Kenya Limited

Old Mutual Tower, Upper Hill Road, PO Box 43013 - 00100, Nairobi, Kenya
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PRIVACY NOTICE**INTRODUCTION**

Thank you for choosing Old Mutual. Old Mutual ("we", "us" or "our"), as data controller, respects your privacy and is committed to protecting your personal data and the personal data of third parties that you provide to us. This Privacy Notice is a summary of our Privacy Policy and describes how we collect, use, disclose, transfer, store or otherwise process your personal data and tells you about your privacy rights and how the law protects you. For the full version of the Privacy Policy, please visit oldmutual.co.ke or contact us for a copy.

Personal data means any information relating to you as an identified or identifiable natural person. In order for us to provide the services you have requested from us, it is necessary that we collect and process personal data from you.

THE TYPES OF PERSONAL DATA THAT WE COLLECT

We may collect, use, store, transfer or otherwise process personal data about you or persons connected to you including identification information such as name and national identity card number or passport number, KRA PIN, nationality, gender, contact information such as email address, telephone number and postal address and information relevant to your insurance policy or relevant to your claim such as your health data.

If we require information about other people connected to you, we may request you to provide such information. If you are providing information about another person, please ensure that they know you are doing so and are content with their information being provided to us. It might be helpful to show them this Privacy Notice and our Privacy Policy and direct them to us if they have any concerns.

HOW DO WE COLLECT YOUR PERSONAL DATA?

For most part, we will collect personal data directly from you and this may include personal data you provide when you apply for our products or services, make enquiries, register for our products offered through mobile and online platforms, request marketing information to be sent to you, give us feedback or contact us.

In some instances, we may collect and receive your personal data from third parties or publicly available sources including medical professionals and hospitals; directly from an individual or employer (or your employer's service provider) who has a policy with us under which you are insured; directly from an employer which funds a cover that we administer where you are a beneficiary; directly from a person who is making a claim or application to us and they include information about you which is related to that claim or application; insurance brokers or agencies; the Government of Kenya's e-citizen portal, Integrated Population Registration Services platform and other Government platforms; or publicly available sources such as the Companies Registry and the Business Registration Service.

HOW DO WE USE YOUR PERSONAL DATA AND WHAT LEGAL BASIS DO WE HAVE FOR PROCESSING YOUR PERSONAL DATA?

We use your personal data to provide you with our insurance services. In this regard, we rely on the following lawful basis for processing your personal data:

- **Performance of contract:** Including setting up and administering a contract of insurance by providing you with a quote for the insurance policy, underwriting the risks to be insured or processing any claims that might be submitted under the policy;
 - **Legal and regulatory obligations:** Compliance with our legal and regulatory obligations such as KYC obligations under different statutes including the Proceeds of Crime and Anti-Money Laundering Act (No.9 of 2009) and the Tax Procedures Act (No. 29 of 2015);
 - **Consent:** We will also rely on your consent as a lawful basis for processing your personal data in the instances where we (a) process personal data relating to a child; (b) process sensitive personal data outside Kenya; and (c) provide you with marketing information; and
 - **Legitimate interests:** for our legitimate business interests, including prevention and detection of fraud.
- In the event that you fail to provide us with your personal data when requested, we may not be able to perform the contract we have or that we wish to enter into with you. In that case, we may have to cancel a product or service you have with us.

You have the right to withdraw your consent to our processing of your personal data at any time but please note, that your withdrawal will not affect the lawfulness of our processing of your personal data which was based on prior consent before your withdrawal or which is based on other legal basis for processing of your personal data. Please further note we may not be able to provide you with our products and services if you withdraw your consent.

WHO DO WE SHARE YOUR PERSONAL DATA WITH?

In connection with the above purposes, we may share your personal data with third parties located within and outside Kenya such as our affiliates, public authorities or governments when required by law, our third-party service providers who help us manage our products and services including those service providers who maintain our IT and office systems, provide marketing and advertising services, provide application processing, fraud monitoring, call center and/or other customer services. In that connection, we will take adequate steps to protect your personal data including entering into agreements with third party recipients of your personal data (as applicable) governing protection of personal data.

DATA SECURITY

We have put in place appropriate security measures to prevent your personal data from being accidentally lost, used or accessed in an unauthorised way, altered or disclosed. In addition, we limit access to your personal data to those employees, agents, contractors and other third parties who have a business need to know. We have also put in place procedures to deal with any suspected personal data breach and will notify you and any applicable regulator of a breach where we are legally required to do so.

RETENTION AND STORAGE OF YOUR PERSONAL DATA

We will only retain your personal data for as long as may be necessary to fulfil the purpose we collected it for, including for the purposes of satisfying any legal, regulatory, tax, accounting or reporting obligations.

YOUR LEGAL RIGHTS

You have the right to:

- Be informed of the use to which your personal data is to be put as we have endeavoured to outline in this Privacy Notice and our Privacy Policy;
- Request access to your personal data that we hold about you;
- Object to the processing of all or part of your personal data;
- Request correction of inaccurate, false or misleading data that we hold about you; and
- Request deletion of false or misleading data that we hold about you.

CONTACTING US

If you have any concerns about the use of your personal data, questions about this Privacy Notice or our Privacy Policy including any requests to exercise your legal rights under the law, please contact us using the details set out below:

Email address: oldmutualgeneralinsurance@oldmutual.co.ke

Postal address: PO Box 43013-00100, Nairobi, Kenya

Physical address: Old Mutual Tower, Upper Hill Road, Upper Hill, Nairobi, Kenya

Telephone number: +254 711 010 000, +254 711 065 000

We will respond to your questions or concerns in a timely manner and in compliance with the relevant laws.

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INSURED DETAILS

Name of person to be insured: _____

Telephone No: _____ Cellphone No: _____ ID No: _____

Address: _____ Postal Code: _____ Pin No: _____

Email: _____

Occupation: _____ Employer: _____

Height: (Inches) _____ Weight: (Kilograms) _____

Marital Status: ☐ Married ☐ Single ☐ Widowed ☐ Divorced

Sex: ☐ Male ☐ Female

BENEFICIARY:

PO Box: _____ Town: _____

Telephone No: _____ Cellphone No: _____ ID No: _____

Email: _____

Period of insurance: From _____ To _____

SUMMARY OF COVER

- BASIS OF COVER: (24 HOURS)**
- CONTINENTAL SCALE BENEFITS**
- BENEFITS SCHEDULE**

Spouse:

	Option A	Option B	Option C	Option D	Option E	Option F	Option G	Option H	Option I
Death	250,000	500,000	800,000	1,000,000	2,000,000	3,000,000	5,000,000	8,000,000	10,000,000
Permanent total disability	250,000	500,000	800,000	1,000,000	2,000,000	3,000,000	5,000,000	8,000,000	10,000,000
Temporary total disability	1,500	5,000	8,000	10,000	12,500	15,000	30,000	40,000	50,000
Hospital Cash	500	1,000	1,500	2,000	3,000	5,000	7,000	10,000	15,000
Artificial Appliances	5,000	10,000	15,000	20,000	25,000	30,000	35,000	40,000	50,000
Medical expenses	50,000	70,000	100,000	150,000	200,000	250,000	500,000	800,000	1,000,000
Funeral expenses	10,000	50,000	60,000	70,000	80,000	90,000	100,000	120,000	150,000
Annual premium per person including levies and stamp duty	1,282	1,773	2,682	3,591	5,605	9,407	13,144	20,180	25,228

Name: ID / Passport Number _____ Pin Number _____

Cell Phone Number _____ Date of Birth _____ Occupation _____

Indicate Selected Cover Option for Insured _____ Premium Amount (Kshs) _____

Indicate Selected Cover Option for Spouse _____ Premium Amount (Kshs) _____

PLAN OF BENEFITS PER CHILD (BELOW 18 YEARS)

(19-25 Year-Evidence from parents or Guardian that the child is under care of the same and in school)

BENEFIT	PLAN 1	PLAN 2	PLAN 3
Accidental death	50,000	75,000	100,000
Permanent disabilities	50,000	75,000	100,000
Accidental dental treatment	10,000	10,000	10,000
Accident medical expenses	20,000	30,000	40,000
Artificial appliances	25,000	30,000	35,000
Funeral cover	20,000	20,000	20,000
Annual premium per child inclusive of levies and stamp duty	367	500	623

CHILDREN SCHEDULE

1. Child full name _____ Date of birth _____

Indicate Selected Cover Option For Child_ Premium Amount (Kshs) _____

2. Child full name _____ Date of birth _____

Indicate Selected Cover Option For Child_ Premium Amount (Kshs) _____

Premium Payment Mode:

☐ Mobile Money ☐ Cheque ☐ Credit Card ☐ Premium Financing

The following activities are NOT covered:

- Football except amateur football
- Parachuting
- Boxing, soccer, polo, water ski-jumping
- Power-boating
- Professional wrestling and martial arts
- Motor competitions
- Racing and unarmed combat
- Flying except air travel
- Motorcycling - over 250 c.c.
- Show-jumping
- Yatching outside territorial waters
- Any pre-existing physical defect or infirmity
- Child birth or pregnancy of the insured
- Bodily injury sustained while the insured is insane
- War, invasion, act of foreign enemy hostilities (whether war be declared or not) civil war, rebellion, revolution, insurrection, military or usurped power, terrorist attack, political risks.

1. Have you previously held a Personal Accident Policy? Yes ☐ No ☐

If "Yes", please give:

Name of the insurance: _____

Branch: _____

Address: _____

Policy Number: _____

2. Has any insurer, in connection with the person to be insured:

Deferred or declined a proposal Yes ☐ No ☐

Refused renewal Yes ☐ No ☐

Terminated an insurance Yes ☐ No ☐

Required an increased premium Yes ☐ No ☐

Imposed special conditions Yes ☐ No ☐

If "Yes", give details: _____

3. Will this insurance be additional to any other Personal Accident Policy? Yes ☐ No ☐

If "Yes", please state:

- Number of other personal accident policies: _____
- Total death benefit of the other policies: Kshs. _____

PREMIUM

• **Total Premium: Kshs.** _____

Are you dealing with Old Mutual:

☐ Directly ☐ Intermediaries

If through an intermediary, state name: _____

Consent for Marketing Purposes: We would like to use your details to provide you with information about insurance products, services and special offers from us or our affiliates. Please note that if you do not want to receive our marketing information you may opt-out by contacting us at any time.

Please tick the relevant boxes below if you agree to receive marketing information from us:

☐ I consent

☐ I do not consent to receiving marketing information

DECLARATION

I warrant that the above statements made by me or on my behalf are true and complete to the best of my knowledge and belief and I agree that this proposal shall be the basis of the contract between me and the Company. I agree to accept a policy in the Company's usual form for this class of insurance. I/we confirm that I/we have read and understood the above Privacy Notice and the Privacy Policy and that any queries/concerns I/we have with regard to the nature and purpose of the processing of personal data have been adequately addressed.

Signature: _____

Date: _____

FOR AGENTS USE ONLY

1. Has the first premium been received? (Tick appropriately)

Yes ☐ No ☐
2. The proposal form has been checked and approved

Yes ☐ No ☐

If not, give reasons: _____

Authorised officers name: _____

Signature: _____

Date: _____

IMPORTANT NOTICE: Payment of premium through an insurance agent or direct

Please note that all premium cheques must be written in favour of Old Mutual Insurance Company Limited.
CASH must be paid direct to Old Mutual Insurance Company Limited and appropriate receipt obtained.
Insurance cover will commence only after payment has been receipted by Old Mutual Insurance Company Limited.If
any cheque is dishonoured cover will be deemed to have been inoperative with effect from inception.

CONTINENTAL SCALE BENEFITS

The following percentages of the Principle Sum shall be payable in the event of Accidental Bodily Injury resulting in: Description of Permanent Disablement and percentage of maximum benefits payable under benefit No. 2 of the schedule.

100%	
Loss of two limbs	Loss of arm at shoulder
Loss of both hands	Loss of arm between elbow and shoulder
Loss of all fingers and both thumbs	Loss of arm at elbow
Total loss of sight of both eyes	Loss of arm between wrist and elbow
Loss of whole eye	Loss of hand at wrist
Total paralysis	Loss of leg at hip
Injury resulting in being permanently bedridden	Loss of leg between knee and hip
Any other Injury causing permanent total disablement	Loss of leg below knee

50% – 99%	
Loss of hearing in both ears	75%
Loss of four fingers and thumb of one hand	50%
Loss of sight except perception of light	50%
Loss of lens	50%

10% – 49%	
Loss of four fingers	40%
Loss of both phalanges of thumb	25%
Loss of all toes	15%
Loss of hearing in one ear	15%
Loss of one phalanx of thumb	10%
Loss of three phalanges of index finger	10%

0 - 10%			
Loss of two phalanges of index finger	8%	Loss of two phalanges of little finger	3%
Loss of three phalanges of middle finger	6%	Loss of first or second metacarpals	3%
Loss of three phalanges of ring finger	5%	Loss of one phalanx of middle finger	2%
Loss of both phalanges on great toe	5%	Loss of one phalanx of ring finger	2%
Loss of one phalanx of index finger	4%	Loss of one phalanx of little finger	2%
Loss of two phalanges of middle finger	4%	Loss of third or forth metacarpals	2%
Loss of two phalanges of ring finger	4%	Loss of one phalanx of great toe	2%
Loss of three phalanges of little finger	4%	Loss of more than one toe, each	1%

EXCESS

- Temporary Total Disablement (A deferment period of seven (7) days)
- Hospital Cash (A deferment period of three (3) days)

No cash payments will be accepted