



1<sup>st</sup> July, 2017

**THE DEPUTY REGISTRAR (ADMINISTRATION)**  
**KIBABII UNIVERSITY**  
**P. O BOX 1699 -50200**  
**BUNGOMA.**

Dear Sir,

**RE: STUDENTS PERSONAL ACCIDENT COVER (SCIENCE IN MATHEMATICS).**

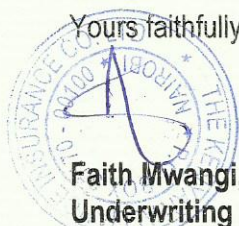
We confirm we have issued personal accident insurance cover for the undernoted student from **1<sup>st</sup> July 2017** for a period of three months to expire on **30<sup>th</sup> September 2017**. The details of the policy are as stated hereunder:

Insured's Name: **ONDIMU ISAAC OGEGA**  
Admission Number: **SMA/0073/13**

<b>BENEFIT</b>	<b>SUM INSURED (KSHS)</b>
Death	100,000
Permanent Total Disablement	100,000
Hospital Cash	500 per day maximum 10 days
Medical Expenses	50,000
Artificial Appliances	25,000
Dental & Optical Expenses	15,000
Expatriation /Ambulance Expenses	2,500
Last Expense	20,000

In case of any queries do not hesitate to contact the undersigned.

Yours faithfully,



**Faith Mwangi,**  
**Underwriting Manager**  
**GENERAL BUSINESS DIVISION.**



**The Kenyan Alliance Insurance Company Limited**

Head Office: Chester House, 1st Floor, Koinange Street, P.O. Box 30170 - 00100 GPO, Nairobi, Kenya.

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Branch Office: Mombasa: Trade Centre, Ground Floor, Nkrumah Road, P.O. Box 86691-80100, Mombasa. Tel: 041-2222296, Cell Phone: 0722-208873, 0735-337655

E-mail: kaimsa@kenyanalliance.com Nakuru: Utali Arcade, Ground Floor, Moi Road, P.O. Box 15777 Nakuru. Tel: 051-2214794, Cell Phone: 0722-208874, 0735-337654

E-mail: kainku@kenyanalliance.com Kisumu: Reinsurance Plaza 2nd Floor, Wing A.oginga Odinga Street, Tel: 2389261 Email: kisumu@kenyanalliance.com



A Member  
Of the Association  
of Kenya Insurers