



KENYAN ALLIANCE

MAY 2, 2018

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

Dear Sir,

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

We confirm we have issued personal accident insurance cover for the undernoted student from 1st May 2018 to expire on 31st July 2018. The details of the policy per student are as stated hereunder:

Insured's Name: **ISIEPAI BENJAMIN**
Admission Number: **SMA/0300/14**
Policy Number: **KSC/CH/POL/096170**

BENEFIT	SUM INSURED (KSHS)
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,

Robert Wachira
Head of Underwriting Department
GENERAL BUSINESS DIVISION

Over
100
years
since 1915

The Kenyan Alliance Insurance Company Limited

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

Tel: 2284000, 2241630-3, Cell:Phone: 0709 234 000, Email: kai@kenyanalliance.com | kai@kenyanalliance.co.ke, Website: www.kenyanalliance.co.ke



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

We confirm we have issued personal accident insurance cover for the undernoted student from 1st May 2018 to expire on 31st July 2018. The details of the policy per student are as stated hereunder:

Insured's Name: **MATANDA P. JAMES**
Admission Number: **SMA/0073/14**
Policy Number: **KSC/CH/POL/096170**

BENEFIT	SUM INSURED (KSHS)
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

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We confirm we have issued personal accident insurance cover for the undernoted student from 1st May 2018 to expire on 31st July 2018. The details of the policy per student are as stated hereunder:

Insured's Name: **OTIENO E. ONYANGO**
Admission Number: **SMA/0072/14**
Policy Number: **KSC/CH/POL/096170**

BENEFIT	SUM INSURED (KSHS)
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

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We confirm we have issued personal accident insurance cover for the undernoted student from 1st May 2018 to expire on 31st July 2018. The details of the policy per student are as stated hereunder:

Insured's Name: **ODONGO N. OUMA**
Admission Number: **SMA/0069/13**
Policy Number: **KSC/CH/POL/096170**

BENEFIT	SUM INSURED (KSHS)
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

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We confirm we have issued personal accident insurance cover for the undernoted student from 1st May 2018 to expire on 31st July 2018. The details of the policy per student are as stated hereunder:

Insured's Name: **OOKO O. NICHOLAS**
Admission Number: **SMA/0065/14**
Policy Number: **KSC/CH/POL/096170**

BENEFIT	SUM INSURED (KSHS)
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
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We confirm we have issued personal accident insurance cover for the undernoted student from 1st May 2018 to expire on 31st July 2018. The details of the policy per student are as stated hereunder:

Insured's Name: **JEFTER O. OKATCH**
Admission Number: **SMA/0064/14**
Policy Number: **KSC/CH/POL/096170**

BENEFIT	SUM INSURED (KSHS)
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

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

We confirm we have issued personal accident insurance cover for the undernoted student from 1st May 2018 to expire on 31st July 2018. The details of the policy per student are as stated hereunder:

Insured's Name: **ONGALO BENARDUS**
Admission Number: **SMA/0061/14**
Policy Number: **KSC/CH/POL/096170**

BENEFIT	SUM INSURED (KSHS)
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

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We confirm we have issued personal accident insurance cover for the undernoted student from 1st May 2018 to expire on 31st July 2018. The details of the policy per student are as stated hereunder:

Insured's Name: **OMONDI S. ODHIAMBO**
Admission Number: **SMA/0060/14**
Policy Number: **KSC/CH/POL/096170**

BENEFIT	SUM INSURED (KSHS)
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

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We confirm we have issued personal accident insurance cover for the undernoted student from 1st May 2018 to expire on 31st July 2018. The details of the policy per student are as stated hereunder:

Insured's Name: **ONSONGO O. SAMUEL**

Admission Number: **SMA/0057/14**

Policy Number: **KSC/CH/POL/096170**

BENEFIT	SUM INSURED (KSHS)
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

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We confirm we have issued personal accident insurance cover for the undernoted student from 1st May 2018 to expire on 31st July 2018. The details of the policy per student are as stated hereunder:

Insured's Name: **RAEL A. OTIENO**
Admission Number: **SMA/0054/14**
Policy Number: **KSC/CH/POL/096170**

BENEFIT	SUM INSURED (KSHS)
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

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

We confirm we have issued personal accident insurance cover for the undernoted student from 1st May 2018 to expire on 31st July 2018. The details of the policy per student are as stated hereunder:

Insured's Name: **ATIENO DOREEN**
Admission Number: **SMA/0052/14**
Policy Number: **KSC/CH/POL/096170**

BENEFIT	SUM INSURED (KSHS)
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

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We confirm we have issued personal accident insurance cover for the undernoted student from 1st May 2018 to expire on 31st July 2018. The details of the policy per student are as stated hereunder:

Insured's Name: **NDIRANGU M. EDWIN**

Admission Number: **SMA/0052/13**

Policy Number: **KSC/CH/POL/096170**

BENEFIT	SUM INSURED (KSHS)
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

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We confirm we have issued personal accident insurance cover for the undernoted student from 1st May 2018 to expire on 31st July 2018. The details of the policy per student are as stated hereunder:

Insured's Name: **KIROP K. BRIAN**
Admission Number: **SMA/0047/14**
Policy Number: **KSC/CH/POL/096170**

BENEFIT	SUM INSURED (KSHS)
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

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

We confirm we have issued personal accident insurance cover for the undernoted student from 1st May 2018 to expire on 31st July 2018. The details of the policy per student are as stated hereunder:

Insured's Name: **BOGORIA CHERUIYOT**
Admission Number: **SMA/0043/14**
Policy Number: **KSC/CH/POL/096170**

BENEFIT	SUM INSURED (KSHS)
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

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We confirm we have issued personal accident insurance cover for the undernoted student from 1st May 2018 to expire on 31st July 2018. The details of the policy per student are as stated hereunder:

Insured's Name: **VELMAH KIPROP**
Admission Number: **SMA/0042/14**
Policy Number: **KSC/CH/POL/096170**

BENEFIT	SUM INSURED (KSHS)
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

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We confirm we have issued personal accident insurance cover for the undernoted student from 1st May 2018 to expire on 31st July 2018. The details of the policy per student are as stated hereunder:

Insured's Name: **KOSGEI K. PATRICK**
Admission Number: **SMA/0041/14**
Policy Number: **KSC/CH/POL/096170**

BENEFIT	SUM INSURED (KSHS)
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

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We confirm we have issued personal accident insurance cover for the undernoted student from 1st May 2018 to expire on 31st July 2018. The details of the policy per student are as stated hereunder:

Insured's Name: **NGULI J. IRINE**
Admission Number: **SMA/0040/14**
Policy Number: **KSC/CH/POL/096170**

BENEFIT	SUM INSURED (KSHS)
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
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We confirm we have issued personal accident insurance cover for the undernoted student from 1st May 2018 to expire on 31st July 2018. The details of the policy per student are as stated hereunder:

Insured's Name: **WACHIRA D. MWIHAKI**
Admission Number: **SMA/0039/14**
Policy Number: **KSC/CH/POL/096170**

BENEFIT	SUM INSURED (KSHS)
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

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We confirm we have issued personal accident insurance cover for the undernoted student from 1st May 2018 to expire on 31st July 2018. The details of the policy per student are as stated hereunder:

Insured's Name: **KIPNGENO TYSON**
Admission Number: **SMA/0037/14**
Policy Number: **KSC/CH/POL/096170**

BENEFIT	SUM INSURED (KSHS)
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,

Robert Wachira
Head of Underwriting Department
GENERAL BUSINESS DIVISION

Over
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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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KENYAN ALLIANCE

MAY 2, 2018

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

Dear Sir,

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

We confirm we have issued personal accident insurance cover for the undernoted student from 1st May 2018 to expire on 31st July 2018. The details of the policy per student are as stated hereunder:

Insured's Name: **CHERUYOT CHIRCHIR**
Admission Number: **SMA/0035/14**
Policy Number: **KSC/CH/POL/096170**

BENEFIT	SUM INSURED (KSHS)
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.

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KENYAN ALLIANCE

MAY 2, 2018

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

Dear Sir,

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

We confirm we have issued personal accident insurance cover for the undernoted student from 1st May 2018 to expire on 31st July 2018. The details of the policy per student are as stated hereunder:

Insured's Name: **LAGAT JOMO**
Admission Number: **SMA/0034/14**
Policy Number: **KSC/CH/POL/096170**

BENEFIT	SUM INSURED (KSHS)
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,

Robert Wachira
Head of Underwriting Department
GENERAL BUSINESS DIVISION



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MAY 2, 2018

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KIBABII UNIVERSITY
P. O BOX 1699 -50200
BUNGOMA.**

Dear Sir,

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

We confirm we have issued personal accident insurance cover for the undernoted student from 1st May 2018 to expire on 31st July 2018. The details of the policy per student are as stated hereunder:

Insured's Name: **MUKOMA BEN**
Admission Number: **SMA/0033/12**
Policy Number: **KSC/CH/POL/096170**

BENEFIT	SUM INSURED (KSHS)
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

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MAY 2, 2018

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KIBABII UNIVERSITY
P. O BOX 1699 -50200
BUNGOMA.**

Dear Sir,

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

We confirm we have issued personal accident insurance cover for the undernoted student from 1st May 2018 to expire on 31st July 2018. The details of the policy per student are as stated hereunder:

Insured's Name: **MUNGAI I. WANJIKU**

Admission Number: **SMA/0032/14**

Policy Number: **KSC/CH/POL/096170**

BENEFIT	SUM INSURED (KSHS)
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

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MAY 2, 2018

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KIBABII UNIVERSITY
P. O BOX 1699 -50200
BUNGOMA.**

Dear Sir,

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

We confirm we have issued personal accident insurance cover for the undernoted student from 1st May 2018 to expire on 31st July 2018. The details of the policy per student are as stated hereunder:

Insured's Name: **KAURIE J. JASON**
Admission Number: **SMA/0031/14**
Policy Number: **KSC/CH/POL/096170**

BENEFIT	SUM INSURED (KSHS)
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,

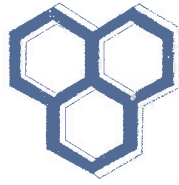
Robert Wachira
Head of Underwriting Department
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KIBABII UNIVERSITY
P. O BOX 1699 -50200
BUNGOMA.**

Dear Sir,

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

We confirm we have issued personal accident insurance cover for the undernoted student from 1st May 2018 to expire on 31st July 2018. The details of the policy per student are as stated hereunder:

Insured's Name: **BIRGEN K. BERNARD**
Admission Number: **SMA/0030/14**
Policy Number: **KSC/CH/POL/096170**

BENEFIT	SUM INSURED (KSHS)
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

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KIBABII UNIVERSITY
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BUNGOMA.**

Dear Sir,

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

We confirm we have issued personal accident insurance cover for the undernoted student from 1st May 2018 to expire on 31st July 2018. The details of the policy per student are as stated hereunder:

Insured's Name: **WANDERA L. KELLY**
Admission Number: **SMA/0026/14**
Policy Number: **KSC/CH/POL/096170**

BENEFIT	SUM INSURED (KSHS)
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,

Robert Wachira
Head of Underwriting Department
GENERAL BUSINESS DIVISION



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KIBABII UNIVERSITY
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BUNGOMA.**

Dear Sir,

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

We confirm we have issued personal accident insurance cover for the undernoted student from 1st May 2018 to expire on 31st July 2018. The details of the policy per student are as stated hereunder:

Insured's Name: **HUNJA M. JOHN**
Admission Number: **SMA/0025/14**
Policy Number: **KSC/CH/POL/096170**

BENEFIT	SUM INSURED (KSHS)
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

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GENERAL BUSINESS DIVISION



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BUNGOMA.**

Dear Sir,

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

We confirm we have issued personal accident insurance cover for the undernoted student from 1st May 2018 to expire on 31st July 2018. The details of the policy per student are as stated hereunder:

Insured's Name: **MARANGU M. DAVIS**
Admission Number: **SMA/0024/14**
Policy Number: **KSC/CH/POL/096170**

BENEFIT	SUM INSURED (KSHS)
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

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MAY 2, 2018

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BUNGOMA.**

Dear Sir,

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

We confirm we have issued personal accident insurance cover for the undernoted student from 1st May 2018 to expire on 31st July 2018. The details of the policy per student are as stated hereunder:

Insured's Name: **MBUBA M. MWITI**
Admission Number: **SMA/0023/14**
Policy Number: **KSC/CH/POL/096170**

BENEFIT	SUM INSURED (KSHS)
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

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MAY 2, 2018

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KIBABII UNIVERSITY
P. O BOX 1699 -50200
BUNGOMA.**

Dear Sir,

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

We confirm we have issued personal accident insurance cover for the undernoted student from 1st May 2018 to expire on 31st July 2018. The details of the policy per student are as stated hereunder:

Insured's Name: **NJUE R. MUGENDI**
Admission Number: **SMA/0021/14**
Policy Number: **KSC/CH/POL/096170**

BENEFIT	SUM INSURED (KSHS)
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

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Yours faithfully,

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Head of Underwriting Department
GENERAL BUSINESS DIVISION



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MAY 2, 2018

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KIBABII UNIVERSITY
P. O BOX 1699 -50200
BUNGOMA.**

Dear Sir,

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

We confirm we have issued personal accident insurance cover for the undernoted student from 1st May 2018 to expire on 31st July 2018. The details of the policy per student are as stated hereunder:

Insured's Name: **MBINDA MUASA**
Admission Number: **SMA/0020/14**
Policy Number: **KSC/CH/POL/096170**

BENEFIT	SUM INSURED (KSHS)
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

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Yours faithfully,

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GENERAL BUSINESS DIVISION



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MAY 2, 2018

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KIBABII UNIVERSITY
P. O BOX 1699 -50200
BUNGOMA.**

Dear Sir,

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

We confirm we have issued personal accident insurance cover for the undernoted student from 1st May 2018 to expire on 31st July 2018. The details of the policy per student are as stated hereunder:

Insured's Name: **NDOLO A. MALONZA**
Admission Number: **SMA/00018/14**
Policy Number: **KSC/CH/POL/096170**

BENEFIT	SUM INSURED (KSHS)
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

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MAY 2, 2018

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KIBABII UNIVERSITY
P. O BOX 1699 -50200
BUNGOMA.**

Dear Sir,

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

We confirm we have issued personal accident insurance cover for the undernoted student from 1st May 2018 to expire on 31st July 2018. The details of the policy per student are as stated hereunder:

Insured's Name: **SEVU MUENI**
Admission Number: **SMA/0013/14**
Policy Number: **KSC/CH/POL/096170**

BENEFIT	SUM INSURED (KSHS)
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

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MAY 2, 2018

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KIBABII UNIVERSITY
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BUNGOMA.**

Dear Sir,

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

We confirm we have issued personal accident insurance cover for the undernoted student from 1st May 2018 to expire on 31st July 2018. The details of the policy per student are as stated hereunder:

Insured's Name: **MBUGUA M. WAHU**
Admission Number: **SMA/0012/14**
Policy Number: **KSC/CH/POL/096170**

BENEFIT	SUM INSURED (KSHS)
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

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GENERAL BUSINESS DIVISION



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KENYAN ALLIANCE

MAY 2, 2018

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KIBABII UNIVERSITY
P. O BOX 1699 -50200
BUNGOMA.**

Dear Sir,

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

We confirm we have issued personal accident insurance cover for the undernoted student from 1st May 2018 to expire on 31st July 2018. The details of the policy per student are as stated hereunder:

Insured's Name: **MACHARIA F. KAMAU**

Admission Number: **SMA/0011/14**

Policy Number: **KSC/CH/POL/096170**

BENEFIT	SUM INSURED (KSHS)
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

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MAY 2, 2018

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KIBABII UNIVERSITY
P. O BOX 1699 -50200
BUNGOMA.**

Dear Sir,

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

We confirm we have issued personal accident insurance cover for the undernoted student from 1st May 2018 to expire on 31st July 2018. The details of the policy per student are as stated hereunder:

Insured's Name: **KAMWEGA S. GATHENYA**
Admission Number: **SMA/0010/14**
Policy Number: **KSC/CH/POL/096170**

BENEFIT	SUM INSURED (KSHS)
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

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Yours faithfully,

Robert Wachira
Head of Underwriting Department
GENERAL BUSINESS DIVISION



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MAY 2, 2018

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KIBABII UNIVERSITY
P. O BOX 1699 -50200
BUNGOMA.**

Dear Sir,

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

We confirm we have issued personal accident insurance cover for the undernoted student from 1st May 2018 to expire on 31st July 2018. The details of the policy per student are as stated hereunder:

Insured's Name: **NDUNGU K. DANIEL**
Admission Number: **SMA/0008/14**
Policy Number: **KSC/CH/POL/096170**

BENEFIT	SUM INSURED (KSHS)
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,

Robert Wachira
Head of Underwriting Department
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.

Tel: 2284000, 2241630-3, Cell:Phone: 0709 234 000, Email: kai@kenyanalliance.com | kai@kenyanalliance.co.ke, Website: www.kenyanalliance.co.ke



KENYAN ALLIANCE

MAY 2, 2018

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

Dear Sir,

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

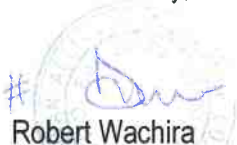
We confirm we have issued personal accident insurance cover for the undernoted student from 1st May 2018 to expire on 31st July 2018. The details of the policy per student are as stated hereunder:

Insured's Name: **NJOKI C. WANJIRU**
Admission Number: **SMA/0007/14**
Policy Number: **KSC/CH/POL/096170**

BENEFIT	SUM INSURED (KSHS)
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,



Robert Wachira
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Dear Sir,

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

We confirm we have issued personal accident insurance cover for the undernoted student from 1st May 2018 to expire on 31st July 2018. The details of the policy per student are as stated hereunder:

Insured's Name: **KINYUA F. WANGARI**
Admission Number: **SMA/0006/14**
Policy Number: **KSC/CH/POL/096170**

BENEFIT	SUM INSURED (KSHS)
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

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

We confirm we have issued personal accident insurance cover for the undernoted student from 1st May 2018 to expire on 31st July 2018. The details of the policy per student are as stated hereunder:

Insured's Name: **MUCHIRU C. KELVIN**
Admission Number: **SMA/0005/14**
Policy Number: **KSC/CH/POL/096170**

BENEFIT	SUM INSURED (KSHS)
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
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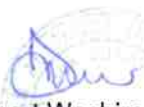
We confirm we have issued personal accident insurance cover for the undernoted student from 1st May 2018 to expire on 31st July 2018. The details of the policy per student are as stated hereunder:

Insured's Name: **MWAI G. FRANCIS**
Admission Number: **SMA/0004/14**
Policy Number: **KSC/CH/POL/096170**

BENEFIT	SUM INSURED (KSHS)
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

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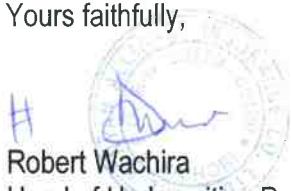
We confirm we have issued personal accident insurance cover for the undernoted student from 1st May 2018 to expire on 31st July 2018. The details of the policy per student are as stated hereunder:

Insured's Name: **MBUGUA W. PYYLIS**
Admission Number: **SMA/0003/14**
Policy Number: **KSC/CH/POL/096170**

BENEFIT	SUM INSURED (KSHS)
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

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Dear Sir,

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

We confirm we have issued personal accident insurance cover for the undernoted student from 1st May 2018 to expire on 31st July 2018. The details of the policy per student are as stated hereunder:

Insured's Name: **MAKOS E. MUNENE**
Admission Number: **SMA/0001/14**
Policy Number: **KSC/CH/POL/096170**

BENEFIT	SUM INSURED (KSHS)
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
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Over
100
years
since 1915

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