

Business/Occupation: _____

Marital status: Single Married Divorced Widowed

Date of birth:

Mobile number:

Alternative telephone number:

Email address: _____

Please select an option:

	SILVER	GOLD	PLATINUM
Death/Permanent Disablement:	N500,000.00	N1,000,000.00	N2,000,000.00
Medicals:	N50,000.00	N100,000.00	N200,000.00
Burial:	N50,000.00	N50,000.00	N50,000.00
Premium:	N1,500.00	N3,000.00	N5,000.00



DECLARATION

I/We hereby declare that the above statements are complete and true, that this declaration and the proposal will form the basis of the contract between myself/ us and FBN General Insurance Limited.

Signature of proposer/date

Head Office: 298, Ikorodu Road, Lagos.
Tel: +234 1 905 4810, +234 1 905 4444.
Email: insuranceinfo@fbninsurance.com | Website: www.fbngeneralinsurance.com

Sales Outlets Nationwide

Hotline: 01-9054810, 01-9054832, 01-9054364-5, 01-9054444

Email: insuranceinfo@fbninsurance.com

Website: www.fbngeneralinsurance.com

FBN General FBN General Insurance
 @FBNGeneral FBN General Insurance



BOARD OF DIRECTORS: Chairman: Olugbenga Shobo, MD/CEO: Bode Opadokun, Executive Director: Tunde Mimiko, Non-Executive Director: Val Ojumah, Non-Executive Directors (South Africans): Hendrik Nel, Johan Schalkwyk, Independent Directors: Titi Adebisi, Yusufu Modibbo

Keep losses at bay
with FlexiGuard



...because YOU really matter

FBN
General Insurance

a subsidiary of FBN Insurance Limited



Introduction

This is a protection policy that pays compensation in the event of injuries, disability or death caused solely by external and visible events to the policyholder. The policy is available in 3 variants namely: **Flexi Guard Silver, Flexi Guard Gold and Flexi Guard Platinum.**

Product Features:

This plan provides cover for the following eventualities:

- Any form of accident
- Strike, Riot and Civil Commotion
- Dog bite, Wild Animal Attack
- Motorcycling (Whilst as Rider or Passenger)

Additional Benefits:

- 24/7 Coverage; Worldwide coverage
- Worldwide coverage
- Disappearance (6months)

Summary of Benefits



BENEFITS/COVER	FLEXI GUARD SILVER	FLEXI GUARD GOLD	FLEXI GUARD PLATINUM
Bodily Injury	✓	✓	✓
Death or Permanent Disability	N500,000	N1,000,000	N2,000,000
Medical Expense	N50,000	N100,000	N200,000
Burial Expense	N50,000	N100,000	N200,000
Premium Payable	N1,500	N3,000	N5,000
Strike, Riot and Civil Commotion	✓	✓	✓
Disappearance Extension	✓	✓	✓
Motorcycling Risks (Whilst as Rider or Passenger)	✓	✓	✓
Dog bite, Wild Animal Attack	✓	✓	✓
24/7 Coverage; Worldwide coverage	✓	✓	✓
Opportunity to purchase more than a unit with additional accumulated benefits (5% discount for 2-3 units and 10% for 4 units)	✓	✓	✓



Policy Exclusions

- Injuries sustained/accidents occurring whilst the Insured is under the influence of drugs/alcohol
- Wilful misconduct, intentional self-injury, suicide, insanity, during service in the armed forces
- War, invasion, terrorism, nuclear exposure or explosion - including the resulting fire, radiation, or contamination
- Whilst engaging in professional sporting activities or dangerous hobbies (ie mountain climbing, motor racing etc)
- Arising or resulting from the Insured committing any breach of law with criminal intent
- Child birth and Pregnancy related events

Premium Frequency

Premium can be paid annually.

How to Pay Your Premium

Premium can be paid through the following channels:

- Pay into our bank account

Please include your name and policy number on all payments

Do not pay cash to/through our agents or staff.

Our account details are as follows:

- FBN General Insurance - Retail Collection Account
First Bank Account Number: 2032934500

How To Make a Claim



- On the receipt of the relevant supporting documents - Completed claim form, Photographs of the affected person(s), Doctor's/Medical Report, Evidences of medical bills incurred and our offer will be communicated within 3 days of the receipt of the full documentation.
- Our settlement cheque/fund transfer will be made within 48 hours of the receipt of the executed discharge voucher

General Insurance



FLEXI GUARD

PROPOSAL FORM

00001

NOTE: An Insurance agent who assists an applicant to complete an application or proposal form for insurance shall be deemed to have done so as the agent of the applicant.

Please print in block letters using black or blue ink and tick the appropriate boxes.

DETAILS OF PROPOSER

Title: Mr Ms Mrs Other: _____

Full name: _____

Contact address: _____

Residential Address (if Different from the above): _____

Next of Kin: _____

Next of Kin's Phone number: _____

Relationship with Next of Kin: _____

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