
KEY FACTS STATEMENT FOR RADIANT YACU MICROINSURANCE PRODUCTS

1. Preamble

The National Bank of Rwanda regulates the insurance sector. It requires us, **RADIANT YACU LTD** as the provider of this insurance, to give you this important information about our **LIFE MICROINSURANCE** product. It is provided to help you understand how it might be right for you. You should read this document carefully so that you understand what you are buying, and then keep it safe for future reference. If you are not sure whether this product is suitable for you, our staff will be happy to help you if any questions. policy, when issued, will be provided to you and it is an important document that contains the full details of the contract between us and you.

2. About our Insurance Products

The risks covered:

In case of death, total permanent disability, and Critical illness of the policyholder, **RADIANT YACU LTD** pays the outstanding loan balance (excluding arrears) plus one monthly interest. In case of retrenchment cover, **RADIANT YACU LTD** pays the outstanding loan instalment up to a maximum of 15Months.

Limitations:

The insured must notify **RADIANT YACU LTD**, if he/she suffers from chronic diseases such as Heart, Cancer, Kidney and Diabetes.

Exclusions: **RADIANT YACU Ltd** does not cover the following risks: suicide, death/disability of the insured caused by the beneficiary or the rightful heirs/successors, war related death or disability, death, or disability from aviation, except for staff travelling as passengers and crew of the airline not meant for transport purposes (commercial flight), risks from military aviation, be it in declared war or martial training, risk from unauthorized flight by the competent authority, jumping from airplane via parachute, Occurrence of a covered risk medically diagnosed and certified that such covered risk results from pre- existing health conditions of the insured, drunkenness, intake of illegal drugs, professional sport related risks, self- inflicted risk through provocation

Period of cover: Cover start after the payment of premium.

3. Your rights and obligations:

You must honestly declare all your past and present health-related information when applying for insurance with **RADIANT YACU Ltd**. You should be aware that a false declaration renders a contract void. Fail to pay the premium lead to the automatic cancellation of the policy. No premium no covers. The policyholder is eligible to suggest some amendments to the contractual terms. The policyholder has the duty to submit all required documents as stipulated in the contract and submit to the insurer for claims settlement.

4. Other Information

This product information is also being provided to you by an agent/staff member of **RADIANT YACU LTD** or licensed insurance broker acting for you. A part of their remuneration may be determined by the number and types of insurance products that they help clients to purchase. They are required, under the law, to act with care and diligence when dealing with you and to place your interests above their own. **RADIANT YACU LTD** is accountable to you for the actions of our licensed agents/staff members. Insurance brokers are accountable to you for their actions acting for you.

5. Contacting us

At any time, you may get information regarding your policy, advise us of a change in your situation, ask a question or raise any concern that you have by contacting us at + **0788381093** or email: info@radiantvacu.rw or website: www.radiantvacu.rw.

If you are not satisfied with our handling of your complaint, you can contact the Office of the Ombudsman to help address your complaint at telephone: **199** or Email: ombudsinfo@ombudsman.gov.rw or write to **P.O.Box 6269 Kigali**, or visit website: www.ombudsman.gov.rw.

Signed by: Insurer
Date:
Names, Titles and Signature of Insurer

Signed by: Client.
Date:
Signature and names of the client