



# RADIANT YACU LTD

## MICRO INSURANCE COMPANY

SHARE CAPITAL: 1.000.000.000RWF; HEADQUARTER: KN 2Av. CHIC BUILDING; TIN: 108505784  
Email: info@radiantyacu.rw; Website: www.radiant.rw; P.O. BOX 1861 KIGALI / RWANDA

### {accident\_type} ACCIDENT INSURANCE CONTRACT

<u>THE POLICYHOLDER</u>	<u>THE POLICY</u>
<i>Number</i> : {lienclient} <i>Identif</i> : {tin_nid}	<i>Effective Date</i> : {start_date}
<i>Names</i> : {names}	<i>Policy number</i> : {police}
<i>Province</i> : {province}	<i>Insured</i> : {names}
<i>District</i> : {district}	<i>Address Géog</i> : {district}
<i>Sector</i> : {sector}	<i>Type of Insurance</i> : Collective Accident
<i>Cell</i> : {cell}	<i>Start date</i> : {start_date} <i>End date</i> : {end_date}
<i>Mobile</i> : {phone}	
<i>Agency Code</i> : {code_agence}	
<i>Underwriter</i> : {utilis}	

### COVERS

COVERS	Number of Insured	Total sum Insured	Sum Insured per individual	Net premium
{#guarantees}{guarantee}	{no_insured}	{sum_insured}	{sum_insured_p}	{total_premium}{/}

Total Payable Amount **{total\_premium}**



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### **Between the undersigned parties:**

The policyholder: {names}

The insurer: **RADIANT YACU LTD**

According to the general conditions model RD-CG004, edition 05/2013, and the specific conditions stated below, RADIANT YACU guarantees to the policyholder the payment of the following compensations:

**PROJECT TITLE:** {title\_project}

The coverage is granted to said employees working for the employer for any bodily accidents occurring to them in the course of work.

The coverage also extends to accidents occurring on the way to or from work, considering that an accident occurring to the insured during the commute from their residence or regular eating place to their place of work or remuneration collection point and vice versa is considered a work accident provided the trip was not interrupted or diverted for personal reasons. This also includes travel related to work.

In the case of permanent disability, the indemnity paid will be a percentage of the sum insured, corresponding to the level of disability assessed by authorized medical doctor.

This contract only takes effect after it has been signed by both parties and the premium of {total\_premium} RWF has been paid.

It is subscribed for a fixed term from {start\_date} to {end\_date}, after which it will automatically expire without notice. However, it may be renewed upon request by the insured.

### **PREMIUM PAYMENT**

The insurer shall not cover any claims if the policyholder has not paid the premium.

### **DISPUTE RESOLUTION**

Any dispute between the parties shall first be resolved amicably. If no agreement is reached, the parties shall refer to the specific conditions, general conditions, a mutually agreed arbitration committee, and finally, the jurisdiction of the court at the headquarters of RADIANT YACU Ltd.

NB: If an agency or company has subscribed to insurance for its employees, in the event of a claim, the agency or company must present the payroll records of its employees for at least three to six months to prove that the individuals were indeed employed by them.

Done at the Head Office in Kigali, on {current\_date}

**The policyholder**  
**{names}**

**The Insurer**  
**RADIANT YACU Ltd.**