



# RADIANT YACU LTD

## MICRO INSURANCE COMPANY

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

### TURIKUMWE LIFE INSURANCE

#### I. POLICY SCHEDULE AND POLICY DETAILS

The Insured	{names}
Policy Number	{police}
Period of Insurance	From: {start_date} To: {end_date}
Date of Issue	{start_date}
Premium Amount	RWF {premium}
Mode of Payment	<input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly
Sum Insured (Death Capital)	RWF {sum_insured}
Medical Expense Limit	10% of Death Capital
Funeral Expense Benefit	5% of Death Capital (Minimum RWF 100,000)

#### II. SCOPE OF COVERAGE

TURIKUMWE LIFE INSURANCE covers the licensed driver (motorist or motorcyclist) against Death all circumstances, total or partial permanent disability and medical both resulting from Accident, and funeral expenses in case of accidental death while driving.

In case of Death under the cover period, RADIANT YACU Ltd will pay the sum insured, specified under this cover to the next of kin or beneficiary of the insured upon submission of the police statement, death certificate of the deceased and the complete certificate of identity of the beneficiary.

- 1. Permanent Total Disability:** For the purpose of this contract, the Company shall regard permanent total disability to mean medically certified total disability as a result of accident which cannot be cured or treated and which prevents the driver from engaging for income or profit in his/her own occupation or another occupation for which he/she is or could reasonably be expected to become qualified by virtue of his knowledge, training, education, ability and/or experience. RADIANT YACU Ltd will pay the sum insured upon submission of the police statement and medical certificate in support of the disability issued by the certified medical practitioner and approved by RADIANT's Medical doctor.
- 2. Partial permanent disability** is where the disablement is of a permanent nature, as a result of an accident and RADIANT YACU Ltd will pay the sum insured based on the degree of disability as determined by certified medical practitioner. RADIANT YACU Ltd will pay the percentage of the sum insured upon submission of the police statement and medical certificate in support of the



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disability indicating the degree of disablement issued by the certified medical practitioner and approved by RADIANT's Medical doctor.

3. **Medical expenses:** RADIANT YACU Ltd will pay the medical expenses incurred in case of accident based on the medical bills subject to the maximum of 10% of the death capital.
4. **Funeral expenses:** RADIANT YACU Ltd will pay the funeral expenses resulting from death all circumstances equivalent to 5% of death capital subject to the minimum of 100,000 Rwf.
5. **CONDITIONS PRECEDENT TO LIABILITY:** The Company shall not be liable to pay any benefit unless: Premium has been fully paid, The accident occurred within the Period of Insurance, The Insured held a valid driving license at the time of the accident, and All required supporting documents are submitted within a reasonable time.
6. **GENERAL CONDITIONS:** No benefit shall be payable if fraud, misrepresentation, or concealment of material facts is established. This Policy is personal to the Insured and is non-transferable. Any dispute arising under this Policy shall be resolved in accordance with the laws of the Republic of Rwanda. The Company reserves the right to request additional documentation where necessary.
7. **TERMINATION:** This Policy shall terminate upon: Expiry of the Period of Insurance; Payment of the full Sum Insured in case of death or Permanent Total Disability; Non-payment of premium.
8. **GOVERNING LAW:** This Policy shall be governed and construed in accordance with the laws and insurance regulations applicable in the Republic of Rwanda.

Done at Kigali, {start\_date}

**on behalf of RADIANT YACU Ltd**

**Name:**

**Signature**

**Policyholder / Insured**

**Name:**

**Signature:**