



MIC Building, KN2 Av, Kigali - Rwanda  
 0788 150 100, Toll-free 1320  
 info@prime.rw, PO. Box: 6425 Kigali  
 www.prime.rw

**LOAN PROTECTION ASSURANCE POLICY NUMBER: LCP.....**

<b>BANK-BRANCH</b>	.....
<b>POLICY START DATE</b>	30/06/2023
<b>POLICY END DATE</b>	30/12/2025
<b>LOAN END DATE</b>	30/12/2025
<b>LOAN PERIOD (IN MONTHS)</b>	30
<b>LOAN AMOUNT</b>	2 300 000
<b>PREMIUM</b>	24 921
<b>FEES</b>	1 000
<b>TOTAL PREMIUM PAID</b>	25 921
<b>BENEFICIARY</b>	NAME OF THE BANK
<b>PAYMENT CHANNEL</b>	BANK TRANSFER
<b>SALES CHANNEL</b>	BANCASSURANCE OR SALES AGENT OR BROKER OR DIRECT
<b>PAYMENT FREQUENCY</b>	SINGLE PAYMENT OR ANNUAL PAYMENT
<b>LOAN TYPE</b>	DECREASING LOAN(NORMAL LOAN) OR CREDIT LINE

**BORROWER DETAILS**

<b>NAMES AND ID</b>	LIFE ASSURED NAME - Id Number: ..... resident in District name
<b>NATIONALITY</b>	.....
<b>PHONE</b>	.....

**BORROWER HEALTH DETAILS**

Have you been off-work for more than 30 days because of an illness or injury? (Yes/No)  
 Have you ever taken the Liver Function test? (Yes/No)  
 Have you ever taken the HIV test? (Yes/No)  
 Have you ever undergone an operation or are you awaiting an operation? (Yes/No)  
 Did you or do you suffer Diabetes? (Yes/No)  
 Did you or do you suffer Cancer? (Yes/No)  
 Did you or do you suffer Heart disease? (Yes/No)  
 Did you or do you suffer Kidney failure? (Yes/No)

Comments:

**DECLARATION BY THE BORROWER**

I confirm that any information provided above is legally binding and if any of it is inaccurate, this can reduce/alter my ability to claim. The life assured acknowledges having received a copy of these special conditions.  
 This contract is concluded for a period of 30 month(s). The cover is effective from the loan disbursement and premium payment date.  
 Date 30/06/2023  
 Bank Stamp and signature: \_\_\_\_\_ Signature of borrower: \_\_\_\_\_

**GARANTIES**

- 1) Death or Total permanent disability of at least 70% from natural or accidental cause: payment of outstanding loan balance on the date of happening of the insured event (excluding arrears incurred before the date of happening of insured event) plus interest of the month in which the insured event occurred as shown in loan amortization schedule. However, the claimed amount cannot exceed the loan initial amount.
- 2) Critical illness: payment of 50% of the outstanding loan amount, accelerated. If the person dies after, the outstanding loan amount will be paid.
- 3) Retrenchment: payment of nine (9) monthly loan instalments. Retrenchment is considered when the insured is off work following the company's reorganization, adoption of new technology; employer insolvency resulting in staff reduction, or the employer's liquidation, closure, merger or acquisition.

**Exclusions**

Suicide clause, act of war, murder of the insured by his/her spouse, criminal act, pre-existing conditions such as critically ill and/or hospitalized at the time of insurance subscription.  
 Bank lender staff and fixed contract borrowers are not eligible for retrenchment

INTERPRETATION: In the event of any inconsistencies between the MoU and this policy the former shall prevail over the later.

**FOR PRIME LIFE INSURANCE LTD ONLY**

Assurer's Decision:  
 Date of inception of cover: 30/06/2023 Date of expiry of cover: 30/12/2025

Signature and stamp

