INSURANCE COMPANY LOGO

PROFESSIONAL INDEMNITY

INSURANCE CERTIFICATE

Enter this Certificate Number as you renew your license

CERTIFICATE NO : PID0X050X

Insured name :	PRACTITIONER'S NAME	KMPDC Registration number :	"A/B/C/D/D/FXXXXX"
PIN number :	A00XXX9X7XX	Policy number :	10XX40XX220XX
Occupation / Profession :	DOCTOR	Specialisation :	DENTIST/MEDICAL
Group :	Specialist/General Practice	Sub Specialisation :	SPECIALITY
Period of insurance	From : 15-Jan-2025 16:49	To : 14-Jan-2026 23:59	

No	Limits of indemnity	Amount (KSh)
1	Any one claim or series of claims arising out of any one event	-XXXXXXXXX
2	All claims in any one period of insurance	XXXXXXXXX
3	Loss of Documents	XXXXXXXXX
4	Libel & Slander	XXXXXXXXX
5	Dishonesty of employess	XXXXXXXXX

Policy excess : KSHS.XXXXX/=FOR EACH AND EVERY CLAIM FOR MAIN LIMIT
kSHS XXXXX/= FOR EACH AND EVERY CLAIM FOR SUB-SECTIONS

SPECIAL CONDITIONS : Subject to the terms,conditions and exceptions of the policy issued

Issued By : XXXXX Insurance Company Kenya Ltd
Postal Address : P.O.box XXXXX-00100
Nairobi
Kenya
Telphone No : +2547XXXXXXXX
E-Mail Address : info@email.com
Date of Issue : 15/01/2025

Android IOS

Scan to download the 'AKI VIC' Verification App to Verify the authenticity of the Certificate

AUTHORIZED SIGNATORY

Scan to Verify

Digitally signed by *.dmvic.com
Date: 15.01.2025 16:49 EAT

SAMPLE SAMPLE SAMPLE