

Personal /Corporate Data

Full name of Proposer(s): _____ PIN No: _____

Postal Address: _____ Postal Code: _____ Town: _____

Telephone No. - Office: _____ House: _____ Mobile Phone: _____

Email Address: _____ Website: _____

Business or Profession: _____

Period of Insurance: From _____ To _____

1. Particulars of the vehicle(s) to be insured:

Registered Letters and Numbers	Make or Model	Type of Body	Cubic capacity or Horsepower	Date of manufacture	i) Engine & ii) Chassis Numbers	Seating capacity including driver	Proposer's estimate of: a) Present Value b) Accessories thereon and spare parts

1. Are you now, or have you been insured in respect of any Motor Vehicle?
If so, state name of insurer and policy no _____ YES NO
2. In respect of yourself or any other person who to your knowledge will drive, has any insurer (a) declined a proposal or (b) required as increased premium or imposed special conditions or (c) cancelled or not invited of a policy?
If "Yes" give details _____ YES NO
3. Do you or does any person who to your knowledge will drive, suffer from defective vision, hearing or from any physical or mental infirmity or fits of any kind?
If "Yes" give details _____ YES NO
4. Have you, or has any person who to your knowledge will drive been convicted during the past 5 years of any offence in connection with any motor vehicle or is any prosecution or Police enquiry pending?
If "Yes" give details _____ YES NO
5. Have you or any other authorized person hold a current licence (not Provisional) to Motor Vehicle for which the insurance applied for? If "No" state type of license held. _____ YES NO
6. Are you the owner of the car, and is it registered in you name? If "No" give details. State name of Hire Purchase Co. (if any) or Bank that has an interest in the vehicle(s) _____ YES NO
7. Are you entitled to No Claim Discount from your previous Insurers?
If so attach last Renewal Notice or other evidence _____ YES NO
8. State fully the purpose for which the vehicle will be used:
 - i. Carriage of Own Goods _____
 - ii. Carriage of Other Persons Goods _____
 - iii. Carriage of Passengers _____

 9. If any vehicle owned or driven by you has been involved in any accident or loss in the past 3 years please complete the panel below in full. **IF NONE, STATE "NONE"**

Past 3 Years	Total no. Of Vehicles Owned by you each year	Total no of Accidents and Losses in connection with cars, vehicles or Owed or Driven by you	Damage to Proposer's Cars, vehicles	Third Party
			Amount	Amount
20__				
20__				
20__				

Particulars of Insurance Required

- 1. Comprehensive
- 2. Third Party Fire and Theft
- 3. Third Party only

		OFFICAL USE ONLY	
		RATE	PREMIUM
1. (a) Cover Comprehensive , Including Riot, Strike & Civil Commotion, Earthquake & Flood Third Party Indemnity to Employer.	IF INCREASE IN LIMIT REQUIRED STATE AMOUNT		
(b) Additional benefits included but option to increase limit available at extra premium			
i) Windscreen cover limit			
ii) Personal accident five people inclusive of driver death & corresponding benefits upto Kshs _____ each person (age limit 16 - 65 years)			
iii) Radio cassette: Make & Model Serial No. Limit -			
iv) Loss of use Kshs _____ per day maximum 20 days (subject to approval)			
v) Medical expenses			
2. Cover for outside geographical Area for material damage only available at extra premium. State Area			
3. No Claim Discount entitled(attach Proof of No Claims Discount)			
SUB TOTAL:			
4. Policy Fee			
Training levy (@ 0.02)			
PHCF (@0.0025)			
Stamp Duty			
TOTAL			

DECLARATION

I/We Hereby declare the truth and correctness of the above statements and particulars and agree that this Proposal and Declaration shall be held to be promissory and the basis of the contract between me/us and the Insurance Company. I/We undertake that the Vehicle(s) to be insured shall not be driven by any person who to my/our knowledge has been refused any motor vehicle Insurance or continuance there of I/We further agree that no person shall drive the motor vehicle who has been disqualified by the licensing or other laws or regulations.

Further I/We do hereby accept the following restrictions of cover:-

Compulsory Excess:

- a) Own Damage Claims & Third Party Claims Kshs
- b) Theft Claims additional Kshs
- c) Young & Inexperienced Driver, including learners additional Kshs
- d) Theft Kshs

Date: _____ Signature of Proposer(s): _____

Liability does not begin until this proposal has been accepted by the Company and the premium paid, except as provided by any official cover note issued by the Company. A specimen policy is available on request.