

Personal /Corporate Data

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

Postal Address: _____ Postal Code: _____ Town: _____

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

Email Address: _____ Website: _____

Period of Insurance: From _____ To _____

Particulars of the vehicle(s) to be insured:

Registered Letters and Numbers	Makers No	Make or Motor Cycle State if Sidecar or other attachment will be used	Cubic Capacity of engine in cubic centimetres	Year of manufacture	Seating Capacity of Sidecar (if any)	Proposer's estimate of Value including Sidecar Accessories and spare parts
1. a) Will Motor Cycle be used exclusively for pleasure purposes? b) If not, state exactly for what purposes it will be used					a) _____ b) _____	
2. Are you the owner of the Motor Cycle and is it registered in your name? If not, state the name and address of Owner and of the person in whose name the Motor Cycle is registered.						
3. State in which East African territories the Motor Cycle(s) is/are normally garaged and used						
4. Delete insurance NOT required					a) Comprehensive b) Third Party Fire and Theft c) Full Third Party	
5. a) Date of purchase by you or Motor Cycles and Sidecar (if any) b) Whether new c) Price paid					a) _____ b) _____ c) _____	
6. a) Will passengers be carried otherwise than in the Sidecar? b) If no Sidecar is attached will passengers be carried?					a) _____ b) _____	
7. a) Will Motor Cycle be driven SOLELY by you? b) If not, by whom?					a) _____ b) _____	
8. Do you, or does any other person who to your knowledge will drive, suffer from defective vision or hearing or from any physical infirmity?						
9. Have you, or has any other person who to your knowledge will drive, been convicted during the past five years of any offence in connection with any Motor Vehicle or is any prosecution pending?						
10. How long have you been driving Motor Vehicles continuously?						
11. Are you now or have you been insured in respect of any Motor Vehicle? If so, please state name of Company or underwriter						
12. a) Are you entitled to a "No Claim Bonus"? b) If so, which Company were you previously insured?						
13. Has any Company or underwrite ever:- a) declined your proposal? b) Required an increase in premium? c) Required you to bear the first portion of any loss? d) Refused to renew or cancelled your policy?						

14. Does the Motor Cycle have an Anti Theft Device? If so state Type, Make, Model of Device	
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15. Give record of accidents and /or losses during the past three years in connection with any Motor Cycle owned or driven by you whether insured or un-insured including any claim outstanding

Total Number of Accidents and Losses

Year	Total no. Of Vehicles Owned by proposer	Total no of Accidents and Losses		Damage to Proposer's Motor Vehicle		Third Party		Others	
				No	Amount Kshs.	No.	Amount Kshs.	No	Amount Kshs
20			Paid						
			Outstanding						
20			Paid						
			Outstanding						
20			Paid						
			Outstanding						

15. If you wish to bear first part of cost of each claim, state amount Kshs.	Deduct	%	
16. If more than one Motor Cycle to be insured – state number in use at a time	Deduct	%	
17. BONUS – If no claim during previous year	Deduct	%	
	Stamps		
	TOTAL KSHS		

DECLARATION

I/We hereby warrant the above statements and particulars are true. I/We agree that this declaration shall be held to promissory and shall form the basis of the Contract between me/us and the above named Company, and I/we undertake that the Motor Cycle or Motor Cycles to be insured shall not be driven by any person who to my/our knowledge has been refused any motor vehicle insurance of continuance thereof, and I/we hereby apply for and agree to accept a Policy as designated above subject to the terms, exceptions and conditions prescribed by the Company therein.

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.