



MOTOR INSURANCE PROPOSAL FORM

IMPORTANT: PLEASE ANSWER ALL QUESTIONS IN BLOCK LETTERS OR TICK AS APPROPRIATE

Agency / Broker _____ Code _____

PIN Number: _____

PARTICULARS OF PROPOSER

Name of Proposer (in full) _____
First
Last
Surname

Postal Address: P.O. Box _____ Code _____ Town _____

Telephone Number(s) _____ Home _____ Office _____ Email Address _____

ID Number / Passport _____ Pin No. (KRA) (Mandatory) _____

Huduma Number _____

Age _____ Profession/ Occupation _____

Period of Insurance: From _____ To _____ (both dates inclusive)

CLASS OF COVER:

Motor Private

Motor Commercial

PSV – Chauffer Driver

Motor Cycle

MOTOR VEHICLE DETAILS

Reg. No	Make/ Model	Type of Body	Engine No	Chassis No	cc	Colour
Yr. of Mfg.	Tonnage	Seating Capacity	Your Est. Value Kshs.	Entertainment Equipment	Windscreen	Scope of Cover

NOTE: Please give definite answers to each question: Ticks and dashes cannot be accepted as answers

1. (i) Was the vehicle previously insured? YES NO
 (ii) If yes, please indicate previous insurer _____

2. (i) State the owner of the motor vehicle and whose name it is registered under _____
 (ii) Is a hire purchase company interested in the vehicle? If so give Name and address _____

3. Delete insurance not required: (a) Comprehensive (b) Third Party, Fire & Theft
 (c) Third Party Only (d) Statutory Liability

4. (i) State address where Motor vehicle is usually garaged _____
 (ii) Is the vehicle normally parked within your premises overnight? _____
 (iii) State if more than one vehicle are garaged in the same building? _____
 (iv) Are your vehicle(s) in perfect state of repair? _____
 (iv) Are your vehicle(s) periodically overhauled and tested? _____

5. (i) How long have you been driving motor vehicle continuously? _____
(ii) Does your licence authorise you to drive the type of vehicle with respect of which this proposal is submitted? _____
(iii) Will the vehicle be driven by other persons other than the proposed? _____
If yes, please indicate including their driving experience _____
6. Do you or does any other person who to your knowledge will drive, suffer from defective vision or hearing or from any physical infirmity or fits of any kind?

7. 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?

8. Has any company or underwriter ever:-
(i) Declined your proposal? _____
(ii) Required an increase in premium or imposed special conditions? _____
(iii) Cancelled or not invited renewal of your proposal _____
9. Give the particulars of accidents or losses in connection with this or any other Motor Vehicles or Motor Cars or Cycles owned or driven by you:-

years	Past Total No of Motor Vehicles and/ or Cycles owned by Proposer	Total No. of Accidents and Losses	Damage proposer's Vehicles and/or Cycle	Third Party	Others
20.....					
20.....					

10. Are you entitled to a "No Claim discount" from your previous insurers in respect of any of the Vehicles described in this proposal? _____
If so, please attach NCD Confirmation letter from the previous insurers _____

11. For Motor Commercial Vehicles & PSV Chauffer Driven Only

- (i) State fully the purpose for which vehicle will be used _____
(ii) If used for carriage of goods, what is the general nature of the goods? _____
(iii) Will the vehicle in any way be used for Self Drive? _____
(iii) Will a trailer be attached to the vehicle(s)? _____
(v) Has the vehicle been altered/modified to carry heavier goods than manufacture's specification? _____

12. Premium Computation

Basic Premium Charged	Rate:	Kshs.
Do you wish to insure in respect of the following	Mark(√)	
(i) Strike, Riots, Civil Commotion		
(ii) Political Violence		
(iii) Loss of use (Alternative Car)		
(iv) Excess Protection		
(v) MAA Membership		
(vi) Infama		
(vii) Towing		
(viii) Personal Accident for driver / Loaders		
		Levies
		Stamp Duty
		Total Premium Charged

*Please allow insured to tick appropriately

DECLARATION

I/We do hereby declare that the above answers are true to the best of my/ our knowledge and belief that I/ We have not withheld any information regarding the proposal. I/ We agree that the declaration and the answers given above shall be the basis of the contract between me/us and Corporate Insurance Company Limited.

Signature/Stamp of Proposer _____ Date _____

Note: The liability of the company does not attach until the proposal has been accepted and the premium paid.

Corporate Insurance Company Limited is regulated by the Insurance Regulatory Authority

