

MOTOR CAR AND MOTOR CYCLE PROPOSAL FORM

PIN NO. \_\_\_\_\_

Agency \_\_\_\_\_

POLICY NO \_\_\_\_\_



# INTRA AFRICA ASSURANCE COMPANY LIMITED

CENTRE POINT BRANCH PARKLANDS ROAD  
P.O. Box 49884 NAIROBI, KENYA

(Private Type Cars and Motor Cycles used for private Business Purposes)

1. Full name of proposer(s) \_\_\_\_\_ in Capitals
2. Address \_\_\_\_\_ Tel: No. \_\_\_\_\_  
Email: \_\_\_\_\_
3. Profession or occupation \_\_\_\_\_ 4. What is your age? \_\_\_\_\_
5. Period of Insurance required for \_\_\_\_\_ months, from \_\_\_\_\_ to \_\_\_\_\_
6. Particulars of the vehicle to be Insured:-

Registered Letters and Numbers	Make	Type of body	Cubic Capacity	Date of Manufacturer	(I) Engine & (ii) Chassis Numbers	Seating Capacity including driver	Proposer's estimate of present value including standard accessories, spare parts Duty & VAT.

7. Are there any non-standard accessories on the vehicle?  
(Sport lamps, roof rack, radio, sunshade etc) If so state  
(a) type of accessory  
(b) Value of each (**Unless declared, accessories are not covered**)
8. Is the vehicle subject to any special features such as:-  
(a) Left Hand Drive  
(b) Duty Free
9. ANTI-THEFT DEVICES  
(a) Is the vehicle fitted with Anti-theft devices  
(b) If so please state the type of Anti theft devices fitted  
(c) Are they in working condition.
10. OWNERSHIP  
(a) Are you the owner of the vehicles and are they registered in your name?  
If "Not" state name and address of owners.  
(b) If a hire purchase company is interested in the vehicle, state name and address of owners
11. Will the car be used exclusively for social, domestic and pleasure purposes?
12. If not state for what purpose it will be used.  
(a) For professional purposes?  
(b) By personally in connection with your own or your Employer's business?  
(c) By employees or other parties in connection with your own or your employer's business?  
(d) For the carriage of samples or trade goods farm requisites, produce of live-stock?
13. DRIVING EXPERIENCE  
(a) Do you hold a provisional or permanent Driving Licence?  
(b) Date of issue of first permanent Driving Licence of Kenya  
(c) Will anyone holding a provisional Licence drive the vehicle?
14. Do you, or any other person, who to your knowledge will drive, suffer from defective hearing or from any physical infirmity?
15. Have you, or any other person, who to your knowledge will drive, been convicted of any offence in connection with the driving of any motor vehicle during the past five years?
16. Do you require windscreen to be covered separately by payment and additional premium?  
If yes State value
17. **PERSONAL ACCIDENT BENEFIT:**  
Do you require cover the Personal Accidents? If so give details as under:-  
  
(This benefit can be granted only to persons between the age of 16 and 65 years)  
  
(a) Name of person to be insured, age and occupation  
(b) Has he at present any Personal Accident Policy?  
(c) Has he any physical defect or infirmity?  
(d) Has any Company ever declined his proposal or to renew is policy?

**NOTE:** Please read this Form carefully and give a definite answer to each question. Ticks and Dashes cannot be accepted as answers. Submission of this Form does not put the Company on risk.



18. Give record of Accidents and/or Losses during the past three years in connection with any motor vehicle owned and driven by you whether insured or uninsured including any claims outstanding.

**TOTAL NUMBER OF ACCIDENTS AND LOSSES**

Year	Total No. of Motor Vehicles Owned by Proposer	Total No. of Accidents and Loses		Damage proposer's Motor Vehicles		Third Party		Others	
				No.	Amount Shs.	No.	Amount Shs.	No.	Amount Shs.
20			Paid						
			Outstanding						
20			Paid						
			Outstanding						
20			Paid						
			Outstanding						

19. State fully your knowledge if the proposed Motor Vehicle or Vehicles met with any accident or accidents previously and the risk has been cancelled or declined by any insurance Co. If so, by which company and when?

20. Has any Company or underwriter ever:-  
 (a) Declined your proposal?  
 (b) Required an increased premium?  
 (c) Required you to bear the first portion of any loss?  
 (d) Refused to renew or cover your policy?

21. Are you entitled to "NO CLAIMS DISCOUNT ?" If so, for how many years up to this date have you previously been insured continuously without claim and with what Company?

22. Do you have any other vehicles insured with the Company? If so, give particulars.

Policy No(s)

23. Particulars of insurance required:-  
 (a) Comprehensive  
 (b) Third Party Fire and Theft.  
 (c) Third Party only.  
 (d) Ordinance Liabilities only.

DELETE ITEMS NOT APPLICABLE AND INDICATE COVER REQUIRED

I/We hereby agree to accept a policy subject to the following restrictions:-  
 (a) The first Shs. .... of each and every claim under all sections to be paid by me/us.  
 (b) Excluding cover against the risks of Legal Liability to Passengers.  
 (c) Excluding cover whilst I am driving other cars/vehicles  
 (d) Excluding cover whilst the vehicle is being driven by a learner driver.  
 (e) Shs. 7,500/- of each and every claim under Section I and II to be paid d by me/us in addition to excess under Section (a) above. If the vehicle is being driven by a person who is under the age of 25 years.  
 (f) A further (i) Shs. 7,500/- or (ii) Shs. 7,500/- of each and every claim under Section I and II to be paid by me/us in addition to excess under Section (a) and (if above, (the latter if applicable), it at the time of the accident the vehicle is being driven by a person who is the holder of a full driving licence which has been in force in the geographical area for (i) less than one year, or (ii) for more than one year but less than two years respectively.

1.	PREMIUM ON VALUE SHS:		
2.			
3.	<b>TOTAL PREMIUM</b>		
4.	LESS % ON CLAIM DISCOUNT		
5.	NET PREMIUM		
6.	ADD PREMIUM FOR NON STANDARD ACCESSORIES VALUE SHS.		
7.	ADD PREMIUM FOR WINDSCREEN VALUE SHS:		
8.	ADD PREMIUM FOR UNNAMED PASSENGERS		
9.	ADD PREMIUM FOR NAMED PASSENGERS		
10.	ADD PREMIUM FOR S.R.C.C.		
Excess Shs. Shs.		Own damage/ Theft or Fire	TOTAL PREMIUM
H.P./LOAN AGMT. with			INSURANCE TRAINING LEVY
REMARKS/STIPULATIONS:-			PHCF
			STAMP DUTY
			TOTAL

I/We desire to insure with INTRA AFRICA ASSURANCE CO. LTD the Motor Car/Motor Cycle described in the above proposal, and I/We hereby warrant that the above statements and particulars are true and I/We have not suppressed misrepresented or misstated any material fact and I/We agree this declaration shall be the basis of the contract between me/us and the Company

DATE: \_\_\_\_\_ Signature of proposer(s) \_\_\_\_\_  
 No Insurance is in force until premium or a deposit has been paid and no acknowledgment of any premium or deposit valid unless on the printed office form of the Company.