



INTRAFRICA ASSURANCE COMPANY LIMITED

(Incorporated in Kenya)

HEAD OFFICE

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BRANCH OFFICE

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PRIVATE CARS AND PRIVATE MOTOR CYCLES PROPOSAL FORM.

Agency name: _____

SECTION 1: BUSINESS DETAILS

A. Full name of proposer _____

B. Pin number (please attach copy): _____

C. Certificate of Registration/Incorporation/ID/Passport
(Please Attach copy) _____

D. Contact Details:

Mobile: _____ Email: _____

Postal: _____ Code: _____ Town/City: _____

Web: _____ Fax: _____ Tel: _____

Occupation: _____ Age: _____

Period of Insurance: From: _____ To: _____

1. Particulars of the vehicle to be Insured:-

Registered letters and numbers	Make	Type of Body	Cubic capacity/horse power	Date of manufacture	Engine or chassis number	Carrying Capacity		Proposer's estimate of the present value (Including Accessories)
						Passengers	Goods	
1.								
2.								
3.								
4.								
5.								
6.								

2. Are there any non-standard accessories on the vehicle? (Sport lamps, roof rack, radio, sunshade etc)?

If Yes, state:

a. Type of accessory: _____

b. Value of each (Unless declared, accessories are not covered): Kshs: _____

3. Is the vehicle subject to any special features such as:-
- Left hand drive: _____
 - Duty Free: _____
4. ANTI-THEFT DEVICES
- Is the vehicle fitted with Anti-theft devices: _____ Yes/No
If so, please state the type of Anti theft devices fitted: _____
 - Are they in working condition: _____
5. OWNERSHIP
- Are you the owner of the vehicle(s) and are they registered in your name? _____ Yes/No
If not, state name and address of owners: _____
 - If a hire purchase company is interested in the vehicle, state name and address of owners:

6. Will the car be used exclusively for social, domestic and pleasure purposes? _____ Yes/No
If not, state for what purposes it will be used.
- For professional purposes? _____
 - By personally in connection with your own or your Employer's business? _____
 - By employees or other parties in connection with your own or your employer's business? _____
 - For carriage of samples or trade goods farm requisites, produce of live-stock? _____
7. DRIVING EXPERIENCE
- Do you hold a provisional or permanent Driving licence? _____
 - Date of issue of first permanent Driving Licence of Kenya: _____
 - Will anyone holding a provisional Licence drive the vehicle? _____
8. Do you, or any other person, who to your knowledge will drive, suffer from defective hearing or from any physical infirmity? _____
9. 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? _____
10. Do you require windscreen to be covered separately by payment and additional premium? ____ Yes/No
If Yes, state Value: Kshs: _____
11. PERSONAL ACCIDENT BENEFIT:
Do you require the cover Personal Accidents? If so, give details as under:-
(This benefit can be granted only to persons between the age of 16 and 65 years)
- Name of person to be insured, age and occupation: _____
 - Has he at present any Personal Accident Policy? _____
 - Has he any physical defect or infirmity? _____
 - Has any Company ever declined his proposal or to renew his policy? _____
12. 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 vehicles owned by proposer	Total no. of accidents and losses	Outstanding/ Paid	Damage to proposers motor vehicles		Third Party		Other
				No.	Amount	No.	Amount	

13. State fully your knowledge if the proposed Motor vehicle(s) met with any accident(s) previously and the risk has been cancelled or declined by any insurance Co. If so, by which company and when: _____

14. Has any Company or Underwriter ever:

- i. Declined your proposal? _____ Yes/No
- ii. Required an increase in premium or imposed condition? _____ Yes/No
- iii. Cancelled your policy? _____ Yes/No
- iv. Required you to carry the first portion of any loss? _____ Yes/No
- v. Refused to renew your policy? _____ Yes/No

If YES in any of the above, give details: _____

15. Are you entitled to “NO CLAIMS DISCOUNT?”: _____ Yes/No

If so, for how many years up to this date have you previously been insured continuously without claim and with what Company? _____

16. Do you have any other vehicles insured with the Company? _____ Yes/No

If so, give particulars: Policy No: _____

17. Type of policy Required: (Please cross out the three sections not required)

- a. Comprehensive
- b. Third Party, Fire and Theft.
- c. Third Party only
- d. Ordinance Liabilities only

I/We hereby agree to accept a policy subject to the following restrictions:-

- a. The first Kshs: _____ of each and every claim under all Sections to be paid by me/us.
- b. Excluding cover whilst the vehicle is being driven by a learner driver
- c. Excluding cover against the risks of Legal liability to passengers
- d. Excluding cover whilst I am driving other cars/vehicles
- e. Kshs: 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) above. If the vehicle is being driven by a person who is under the age of 25 years.
- f. A further of (i): Kshs:7,500/= or (ii): Kshs:7,500/= for each and every claim under Section I and II to be paid by me/us in addition to the excess under section (a) above, (the latter if applicable) if the vehicle is being driven at the time of the accident (I) more than 1 year but less than 2 years.

1.	PREMIUM ON VALUE KSHS:		
2.			
3.	TOTAL PREMIUM		
4.	LESS % ON CLAIM DISCOUNT		
5.	NET PREMIUM		
6.	ADD PREMIUM FOR NON STANDARD ACCESSORIES VALUE KSHS:		
7.	ADD PREMIUM FOR WINDSCREEN VALUE KSHS:		
8.	ADD PREMIUM FOR UNNAMED PASSENGERS		
9.	ADD PREMIUM FOR NAMED PASSENGERS		
10.	ADD PREMIUM FOR S.R.C.C.		
EXCESS KSHS:	OWN DAMAGE/	TOTAL PREMIUM	
KSHS:	THEFT/FIRE		
H.P./LOAN AGMT.		INSURANCE TRAINING LEVY	
with			
REMARKS/STIPULATIONS:-		PHCF	
		STAMP DUTY	
		TOTAL	

Declaration:

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 Intra Africa Assurance Co. Ltd.

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.