



INTRAFRICA ASSURANCE COMPANY LIMITED

(Incorporated in Kenya)

HEAD OFFICE

Williamson House, 3rd floor, 4th Ngong Avenue, P.O. Box 43241-00100, Nairobi, Kenya.

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Email:info@intraafrica.co.ke

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BRANCH OFFICE

Centre Point House,2nd floor, Parklands Road, P.O. Box 49884-00100, Nairobi, Kenya.

Tel: 020 3743991/955, Fax 020 3743460

E-mail centrepnt@intraafrica.co.ke

PROPOSAL FORM – GOODS IN TRANSIT.

This proposal must be completed and signed by the proposer. All questions must be answered in full. Please use block letters or tick as appropriate.

Agency name: _____

SECTION A: 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: _____

E. Profession or occupation: _____

Period of insurance: From: _____ To: _____

SECTION B: OCCUPATION/ BUSINESS

Description of property: _____

Mode of conveyance: _____

Territorial limits: _____

Limit of liability:

In respect of any one consignment: KES. _____

In respect of any one year of insurance: KES. _____

Estimated Annual Carry _____

If cover is required on specified vehicles, please complete the following schedule;

Vehicles				Trailers			
Make and description of vehicle	Reg number	Carrying capacity	Sum insured	Make and description of trailer	Reg number	Carrying capacity	Sum insured

C. INSURANCE/ LOSS HISTORY

Are you now or have you been insured for this type of Insurance? _____ Yes/No.
 If yes, please give name of insurer and policy number

A). Have you ever suffered a loss in connection with the insurance now proposed? _____ Yes/No.
 If yes, please give details of loss(es) in the last three years

Year/s _____

Cause of loss _____

Brief detail of each loss _____

Amount paid _____

What precautions do you now engage to avoid recurrence of such claim(s)?

Has any insurance company ever:

A. Cancelled your policy? _____ Yes/No.

B. Declined to insure you? _____ Yes/No.

C. Declined to renew your policy? _____ Yes/No.

D. Imposed any special terms? _____ Yes/No.

E. Declined any claim? _____ Yes/No.

If the answer for any of the above reasons is 'YES', please give details.

DECLARATION

I/ We 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 form the basis of the contract between me/us and the company.

Proposer's signature: _____ Stamp: _____

Date: _____

The liability of the company does not commence until the proposal has been received and accepted and the premium paid to the company.