



Commercial Vehicle (Own Goods) Proposal Form

Intra Africa Assurance Company Limited

(Incorporated in Kenya)

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Agency name: _____

1. PROPOSER'S DETAILS (Whether BUSINESS or INDIVIDUAL)

Full name of proposer: _____

KRA Pin Number: _____ (please attach copy)

Certificate of Registration/Incorporation/ID/Passport: _____ (please attach copy)

2. CONTACT DETAILS

Website: _____ Email: _____

Postal Address: _____ Code: _____ Town/City: _____

Tel Numbers: _____

Occupation: _____ DOB/Date of Business Inception: _____

Period of Insurance: From: _____ To: _____

3. VEHICLE (S) DETAILS

Registration Number	Make & Model	Type of Body & colour	Cubic capacity	Year of Manufacture	Engine Number	Chassis Number	Carrying Capacity	Proposer's estimated value (Including Accessories) in Kshs.

Log Book Number (s) _____ (Attach copies)

Are there any Special / non-standard accessories on the vehicle that will need to be separately insured at an additional premium?
_____ Yes/No

Examples are Starter, Special Lights or Lamps, Roof Rack, Sunshade, Alloy Rims, Side Mirrors, Refrigeration Equipment, etc.

If Yes indicate the type of each accessory and its value: _____

4. TYPE OF POLICY REQUIRED: (Please indicate from the 3 scopes)

A. Comprehensive

B. Third Party Fire & Theft

C. Third Party Only

5. ANTI-THEFT DEVICES

(i). Indicate the types of Anti-Theft Devices fitted on the vehicle: _____

(ii). Are they in working condition: _____

6. OWNERSHIP DETAILS

(a) Are you the owner of the vehicle(s) _____ Are they registered in your name? _____

If not, State Name and address of registered owners _____

(b) State names and addresses of the Financiers (if any) who have an interest in the vehicles _____

7. NATURE OF OWN GOODS / BUSINESS FOR WHICH THE VEHICLE(S) WILL PRIMARILY BE USED:

8. USE LIMITATION

Will the vehicle be used exclusively for carriage of the goods or for the business / trade indicated in 7. Above?

If not, please indicate for what OTHER purposes it will be used: _____

A. For Social, Domestic and Pleasure purposes? _____

B. By you or your employees in connection with your own or your Employer's business? _____

C. Carriage of own samples of trade goods, farm produce, Live-stock, etc? _____

D. Carrying of goods for hire and reward? _____

9. CLAIMS HISTORY:

Has the vehicle suffered any loses or damages in the past, to the best of your knowledge? _____

If yes, indicate dates, nature of loss, insurers and claim amounts involved _____

10. ADVERSE RISK : HAS ANY COMPANY OR UNDERWRITER EVER:

(i) Declined your proposal? _____

(ii) Required an increase in premium or imposed condition? _____

(iii) Cancelled your policy at their behest? _____

(iv) Refused to renew your policy? _____

If YES in any of the above, give details _____

11. RESIDENCE / PLACE WHERE VEHICLE IS ORDINARILY GARAGED

	PREMIUM ITEMS & COMPUTATIONS	Amounts in Kes	
1.	Comprehensive BASIC Premium (Including Riot & Strike, Special Perils) –		
	Third Party Fire & Theft BASIC Premium (Including Riot & Strike)		
	Third Party Only BASIC Premium		
2.	Own Damage No Blame No Excess @ 0.5% of Value Minimum 5,000/=		
3.	Own Damage Excess Protector @ 0.5% - Minimum 5,000/=		
4.	Political Violence & Terrorism @ 0.5% - Minimum 5,000/=		
5.	Starter @ 10%		
6.	Windscreen Value above 30,000/= @ 10%		
7.	Radio Cassette Value above 30,000 @ 10%		
8.	Alloy Rims @ 10%		
9.	Special Lights @ 10%		
10	Special Side Mirrors @ 10%		
11	Passenger Liability @ 2,000/= per seat		
12	Third Party Property Damage Limit above 5,000,000/= @ 10%		
13	Third Party Bodily Injury Limit above 3,000,000/= @ 10%		
14	Special detachable eg refrigeration equipment @ 10%		
15	Roof Rack or Sunshade @ 10%		
16	Any Other (Specify)		
	TOTAL COMPANY PREMIUM		
	INSURANCE TRAINING LEVY		
	POLICY HOLDERS COMPENSATION FUND		
	STAMP DUTY	40	
	TOTAL		

12. DECLARATION

I/We willingly desire to insure with Intra Africa Assurance Company Limited the items described in this proposal. I/We hereby warrant that the above statements and particulars are true to the best of my /our knowledge. I/We have not withheld, suppressed, misrepresented or misstated any material fact. I/We also agree that this declaration shall, save as varied by subsequent written instructions, form the basis of the contract between me/us and Intra Africa Assurance Company Limited.

Date: _____ Signature of Proposer(s): _____

Cover does not attach until the proposal has been dully completed and accepted by the company. The company shall not be liable until the full premium has been paid, acknowledged and received by the company.