



Motor Cycles (Private Use) Proposal Form

Intra Africa Assurance Company Limited

(Incorporated in Kenya)

P.O. Box 49884-00100, Nairobi, Kenya

+254 721 635 333, 722 111 152, 722 111 158

info@intraafrica.co.ke

www.intraafrica.co.ke

+254 722 111 190, 722 111 196 , 722 205 050

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. MOTOR CYCLE (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) _____ (please attach copies)

Are there any Special / non-standard accessories (while on the Motor Cycle) that will need to be separately insured at an additional premium? _____ Examples are Special lights or lamps, wind/ sun/ rain shield, radio cassette, Rims, helmets, items box container, Side Mirrors, 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

A. Indicate the Type of Anti- Theft Devices fitted on the motor cycle: _____

B. Are they in working condition: _____

6. OWNERSHIP DETAILS

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

If not, State Name and address of owners _____

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

7. USE LIMITATION

Will the Motor Cycle be used exclusively for social, domestic and pleasure purposes? _____

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

A. By you personally in connection with your own business? _____

B. By employees or other parties in connection with your own business? _____

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

D. Carrying of passengers for hire and reward? _____

8. CLAIMS HISTORY:

Has the Motor cycle 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 _____

9. 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 _____

10. RESIDENCE / PLACE WHERE MOTOR CYCLES ARE 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% Minimum 3,000/=		
3.	Own Damage Excess Protector @ 0.5% - Minimum 3,000/=		
4.	Political Violence & Terrorism @ 0.5% - Minimum 3,000/=		
5.	Helmets @ 10%		
6.	Radio Cassette Value @ 10%		
7.	Special Rims @ 10%		
8.	Special Lights / Lamps @ 10%		
9.	Special Side Mirrors @ 10%		
10	Wind / Sun / Rain shield @ 10%		
11	Third Party Property Damage Limit above Kshs. 1,000,000 @ 10%		
12	Third Party Bodily Injury Limit above Kshs. 1,000,000 @ 10%		
13	Items Box / Container @ 10%		
14	Any Other (Specify)		
	TOTAL COMPANY PREMIUM		
	INSURANCE TRAINING LEVY		
	POLICY HOLDERS COMPENSATION FUND		
	STAMP DUTY	40	
	TOTAL		

11. 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.

Signature: _____ Date: _____

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