



A New Dimension in Insurance

PRIVATE MOTOR VEHICLE PROPOSAL FORM

(Please use Block letters)

Issuing Branch _____ Agency/Broker _____

Name (in full): First Name _____ Other Names _____

If a Company, Name _____

Postal Address _____ Postal Code _____

Town _____ Tel. No.: Land line _____ Mobile _____

Trade or Business _____ Email _____

P.I.N. No. _____

Period of Insurance: From _____ To _____

Physical address _____

Age (not applicable to firms) _____

Type of Policy required: a) Comprehensive b) Third party fire & Theft c) Third party

1. Particulars of vehicle(s) to be insured

	Vehicle 1	Vehicle 2	Vehicle 3
Reg. marks			
Make/Model			
Type of Body			
Engine No.			
Chassis No.			
Year of manufacture			
Capacity cubic			
Seating capacity			
Date purchased			
Insured's estimate of present value including accessories			

(Please attach a copy of the Log book)

(b) Give details of Anti-Theft Device(s) fitted (attach a copy of certificate)

(c) Is any of the vehicle(s) proposed a left hand drive model? Yes No

(d) Is there a local dealer for the particular model of vehicle(s) proposed? Yes No

(e) Has the car been converted, adopted or modified in any way? Yes No

If yes give details _____

(f) Is the vehicle:

(i) Reconditioned? _____

(ii) Used ex-Japan/Dubai? (Others - Please specify) _____

(g) Is the vehicle usually kept overnight

Yes No

(i) In a locked garage?

(ii) In open at your premises?

(iii) Elsewhere?

If yes give details _____

(h) Give details of Tracking System /Fleet Management system fitted (attach copy of certificate)

2. Ownership

(a) Are you the owner of the Vehicle and is it registered in your name? Yes No

(If not, state name and address of Owners and of the persons in whose name the vehicle is registered)

(b) Is there any Financiers' interest on the vehicle(s)? Yes No

If yes give details _____

3. The Driver(s)

Do you or any other person who to your knowledge will drive the proposed vehicle

(a) Suffer from defective vision or hearing or from any physical mental infirmity or disease?

Yes No If yes give details _____

(b) Been convicted during the past five years with any offence in connection with driving of any motor vehicle(s)? Yes No

If yes give details _____

(c) Give details of the driving experience of all persons who will drive the proposed vehicle(s).

Name	Age	Occupation	Date of Issue of License Full

Note: On named drivers a discount on premium is applicable

(d) Do you or does any other person who to your knowledge will drive, hold a Provisional Learners Licence? Yes No

If yes please note policy restriction will apply.

4. Use of Vehicles

(a) Will the vehicle be used

Yes

No

(i) Solely for social, domestic and pleasure purposes?

(ii) For the purpose of your own or your employer's business?

(iii) For carriage of fare paying passengers or goods for hire or reward?

(iv) For any other purpose?

If yes give details _____

5. Previous Experience

(a) Are you now or have you been insured in respect of any motor vehicle? Yes No

If yes give details of registration marks and name of Insurance Company _____

(b) Has any Company in respect of yourself or any other person who will drive, ever:

- | | Yes | No |
|---|--------------------------|--------------------------|
| (i) Declined your proposal? | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) Cancelled or refused to renew your policy? | <input type="checkbox"/> | <input type="checkbox"/> |
| (iii) Required an increased premium or imposed special conditions? | <input type="checkbox"/> | <input type="checkbox"/> |
| (iv) Required you or such person to carry the first amount of any loss? | <input type="checkbox"/> | <input type="checkbox"/> |

(c) Give here below record of accidents/losses during the last three years in connection with any motor vehicle(s) owned, driven or used by you, whether insured or uninsured.

Date of Accident	Cost	Brief details of the Accident

(d) Are you entitled to a No-Claim Discount from your previous Insurers in respect of any of the vehicle(s) described in the proposal? Yes No

(Note: If yes, please attach documents in support.)

6. Extra Benefits

Do you wish to insure for the following?

- | | Yes | No | Limit |
|---|--|--------------------------|-------|
| a) Windscreen | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| b) Radio Cassette | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| c) Strike, riot and civil commotion? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| d) Flood, Typhoon, Hurricane, Volcanic Eruption, Earthquake, or other convulsion of nature? | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| e) Any other (Give details) | _____ | | |

7. Political Violence, Terrorism and Sabotage (This cover is recommended)

Do you wish to have your property covered against the risks above? Yes No

DECLARATION

I/We hereby propose to effect an insurance with APA Insurance Ltd and warrant the truth and correctness of all of the above statements to the best of my/our knowledge and belief, including the extended questions and declare that no material information has been withheld affecting the assessment of the risk. I/We agree that this proposal and declaration shall form the basis of the contract between me/us and APA Insurance Ltd and I/we am/are willing to accept the policy and be bound all the terms, provisions and conditions thereof and to pay the premium thereunder.

Date _____ Signature of Proposer _____ Title _____

Company Stamp _____

THE LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED BY THE COMPANY AND THE PREMIUM PAID EXCEPT AS PROVIDED BY ANY OFFICIAL COVER NOTE ISSUED BY THE COMPANY

APA INSURANCE HEAD OFFICE

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BRANCH OFFICES

City Center | Nakuru | Kisumu | Mombasa | Nyeri | Thika | Embu | Meru | Naivasha | Kisii | Eldoret | Machakos | Uganda