

MOTORCYCLE INSURANCE PROPOSAL FORM

POLICY NO. _____

AGENCY/BROKER: _____

Name of Proposer: _____

Postal Address: _____ Code: _____ Town: _____

Tel No. _____ Mobile No: _____

PIN No: _____ Occupation: _____ Date of Birth: **DD / MM / YYYY**

Company/organisation: _____ Tel No: _____

Period: Insurance required for period from:

_____ Day _____ Month _____ Year to _____ Day _____ Month _____ Year

PARTICULARS OF MOTORCYCLE(S) TO BE INSURED

Registration Mark	Make	Cubic Capacity	Date of Manufacture	Engine or maker's Number	Proposer's estimate of the present value (including accessories and spare parts)
a)					
b)					
c)					

OWNERSHIP:

a) Are you the owner of the Motor Cycle and is it registered in your name ?
(if not, state name and address of Owners and of the persons in whose name the Motorcycle is registered)

b) From whom purchased and date? _____

c) Whether new or second-hand and price paid ? _____

d) Is the Motor Cycle subject to any hire purchase agreement or any other lien? _____

THE DRIVER(S):

a) How long have you been driving a Motor Cycle? _____

b) Do you, or any other person, who to your knowledge will drive, suffer from defective hearing, or from any physical infirmity ?

c) Have you, or any other person, who to your knowledge will drive, been convicted of any offence in connection with the driving of a motor vehicle?

USE OF MOTOR CYCLE:

- (a) Will the Motor Cycle(s) be used solely for domestic or pleasure purposes _____
- (b) If not, will the other use be
 - Solely by you in person for your business or profession? _____
 - Business use by fellow employees. _____
 - Business use by employees in your firm in connection with your business? _____
 - Business use by other persons? (If so give brief details) _____
 - For commercial travelling? _____

PREVIOUS EXPERIENCES:

- (a) Are you now or have you been insured in respect of any Motor Vehicle? If so, please state name of Company or Underwriter. _____
- (b) Has any Company or Underwriter ever
 - Declined your Proposal? _____
 - Required an increased premium or imposed special conditions? _____
 - Required you to carry the first portion of any loss _____
 - Cancelled your Policy? _____
 - Refused to renew your Policy? _____
- (c) Have you suffered any Accident or Loss in connection with any Motor Vehicles or Motor Cycles owned or driven by you and /or by any other person who will regularly drive the vehicle(s) now proposed for insurance? If so, give brief details

TYPE OF POLICY REQUIRED:

Please cross out the three sections not required

- a) Comprehensive
- b) Third Party, Fire and Theft.
- c) Third Party Material and Personal Damage
- d) Ordinance only.

REBATES:

- (a) More than one Motor Cycle insured? _____
- (b) Voluntary Excess of all claims? If so, state amount _____

NO CLAIMS BONUS:

Are you entitled to "No Claims Discount: from your previous insurers in respect of the Vehicles described in this Proposal?

If so, No Claims Bonus Certificate _____

DECLARATION:

I/We desire to effect an insurance against risks as set forth above in the terms of the Policy used for this class of business and I/We warrant the above statements and particulars are correct and complete. I/We undertake that the motor cycle or motor cycles to be insured shall not be driven by any person who to my/our knowledge has been refused any motor vehicles insurance or continuance thereof.

DATA PROTECTION AND PRIVACY

CIC General Insurance Limited is committed to complying with the requirements of the Data Protection Act and the attendant regulations as well as global best practices regarding the processing of your personal data. In this regard, you are required to acquaint yourselves with our data privacy statement (<https://cic.co.ke/data-privacy-statement/>) which is intended to inform you on how we use your personal data and describes how we collect and process your personal data during and after your relationship with us.

Consent for Marketing Purposes: We would like to use your details to provide you with information about insurance products, services and special offers from us or our affiliates. Please note that if you do not want to receive our marketing information you may opt out at any time.

Please tick the relevant boxes below if you agree to receive marketing information from us:

I consent to receiving marketing information I do not consent to receiving marketing information

Date: _____ Proposer's Signature _____

No liability is undertaken or the Company until the Proposal has been accepted by the Company and the Premium or a Deposit paid.

IMPORTANT: All Questions and Sub-Sections of Questions MUST be answered fully and if the Proposer is a firm or private company they must read as also applying to each individual partner or member.

NAIROBI BRANCHES:**TOWN OFFICE**

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BURU BURU BRANCH

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WESTLANDS BRANCH

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Mobile: 0703 099 727
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THIKA BRANCH

Thika Bazaar, 1st Floor
Mobile: 0703 099 641
Kenyatta Highway
thika@cic.co.ke

KITENGELA BRANCH

Kitengela Mall, 4th Floor
Mobile: 0703 099 740
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NANYUKI BRANCH

Pearl Place, 1st Floor
Mobile: 0703 099 770
nanyuki@cic.co.ke

NAIVASHA BRANCH

Eagle Center, 1st Floor
Mbariu Kaniu Road
Mobile: 0703 099 763
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NYAHURURU BRANCH

Kimwa Centre, 2nd Floor
Kenyatta Avenue
Tel: 0703 099 887
nyahururu@cic.co.ke

MACHAKOS BRANCH

Kiamba mall, 2nd Floor
Tel: 0703 099 960
machakosbranch@cic.co.ke

KIAMBU BRANCH

Bishop Ranji Cathedral Plaza,
2nd & 3rd Floor
Tel: 0703 099 630
kiambu@cic.co.ke

NYERI BRANCH

Co-operative Union Building
3rd Floor,
Tel: 0703 099 680
nyeri@cic.co.ke

NAKURU BRANCH

Mache Plaza, 2nd Floor
Geoffrey Kamau Road
Tel: 0703 099 775
nakuru@cic.co.ke

KISUMU BRANCH

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Oginga Odinga Road
Tel: 0703 099 600
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HOMABAY BRANCH

Cold Springs Plaza, Ground Floor
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EMBU BRANCH

Sparko Building, 3rd Floor
above Family Bank
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MERU BRANCH

Alexander House, 1st Floor
Ghana Street
Tel: 0703 099 930
merubbranch@cic.co.ke

KAKAMEGA BRANCH

Walia's Centre, Ground Floor
Tel: 0703 099 802
kakamega@cic.co.ke

ELDORET BRANCH

Co-operative Building, 1st Floor
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eldoret@cic.co.ke

KISII BRANCH

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BUNGOMA BRANCH

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KERICHO BRANCH

Imarisha Building, Ground Floor
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kerichobbranchstaff@cic.co.ke

KILIFI BRANCH

Al Madina Plaza, 1st Floor
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kilifibranch@cic.co.ke

MOMBASA BRANCH

MTC North Tower
Mezzanine Floor, Nkrumah Road
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KITALE BRANCH

Mega Center, 1st Floor
Mobile: 0703 099 951
kitale@cic.co.ke

BOMET BRANCH

Isenya Building, 2nd Floor
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