

## SECTION A: PROPOSER'S DETAILS

1. Agency / Broker: \_\_\_\_\_
2. Name of Proposer: \_\_\_\_\_  
Surname | Other
- If Corporate name of the Company: \_\_\_\_\_
3. PIN No: \_\_\_\_\_ ID/Passport No: \_\_\_\_\_ Date of Birth: DD / MM / YYYY
4. Postal Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Town: \_\_\_\_\_
5. Telephone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_ Fax: \_\_\_\_\_
6. Email Address: \_\_\_\_\_
7. Residence: \_\_\_\_\_ Occupation: \_\_\_\_\_
8. Name of Financer (if any): \_\_\_\_\_

## SECTION B: MOTOR VEHICLE(S) DETAILS

<b>Registration Marks</b>			
<b>Make &amp; Model</b>			
<b>Year of Manufacture</b>			
<b>Tonnage</b>			
<b>Estimate of Value</b>			
<b>Usage</b>			

\* Usage: Indicate either carriage of own goods or hire and reward (general cartage)

**a) Monthly Loan Repayment - Please tick as appropriate**

Reg. Marks	Monthly Installments Amount (Kshs.)	Option		Premium (Official Use)
		A	B	

**b) Carrier's Liability**

Reg. Marks	Limit (Kshs.)	Premium (Official Use)

**c) Loss of Income**

Reg. Marks	Option			
	i.	ii.	iii.	iv.

**d) Fidelity Guarantee**

Reg. Marks	Option			
	i.	ii.	iii.	iv.

**Requirements:** i) Certificate of Good Conduct ii) Reference letter from the Chief or previous employer

**e) Work Injury Benefit Act (WIBA)**

Position	Annual Salary	Length in Employment

**f) Employer's Liability (Tick as appropriate)**

Options	Option A	Option B	Option C	Option D
Employers Liability Multiplier (Percentage of WIBA Rates)	25%	30%	35%	40%
<b>Events</b>	<b>Limits of Liability</b>			
Any One Person	2M	4M	6M	8M
Any One Occurrence	10M	15M	20M	25M
Any One Year	20M	30M	40M	50M

**g) Others (Tick as appropriate)**

- i) Towing  Limit Ksh: \_\_\_\_\_
- ii) Excess Waiver  Limit Ksh: \_\_\_\_\_
- iii) Political and Terrorism Risk Cover
- iv) Container Insurance

**h) Insurer's History**

Have you suffered any loss in the last 3 years? Yes:  No:

If yes, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DECLARATION:**

I / We do here by declare that the above answers and statements are true, and that I/We have withheld no material information regarding this proposal.

**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: \_\_\_\_\_

Signature of proposer: \_\_\_\_\_

Rubber Stamp / Seal:

**OFFICIAL USE**

**Premium Computation**

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

d) \_\_\_\_\_

e) \_\_\_\_\_

f) \_\_\_\_\_

g) \_\_\_\_\_

Levies \_\_\_\_\_

Stamp Duty \_\_\_\_\_

**Total** \_\_\_\_\_

**CIC GENERAL INSURANCE LTD.**

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