

## PROPOSAL FORM FOR LADIESFIRST MOTOR COVER

AGENT / BROKER   ACCOUNT NO.:   POLICY NUMBER  

### SECTION 1 - CUSTOMER DETAILS

i) Full Name of Proposer     
(First Name) (Second Name) (Other Names)

Date of Birth   -   -     Gender  M  F Marital Status  Single  Married

Nationality  Citizenship

ii) Contact Details: (mobile):  (tel):   
 (email address):   
 (Postal Address):  (Postal code):  (town/city):   
 Residential Address (Physical)

iii) Identification Doc.	<i>Identification Type</i>	<i>Identification Number</i>	<i>Expiry Date</i>
<input type="checkbox"/>	Identity Card	<input style="width: 100px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
<input type="checkbox"/>	Passport	<input style="width: 100px;" type="text"/>	
<input type="checkbox"/>	Asylum	<input style="width: 100px;" type="text"/>	
<i>(Attach a copy of Identification Document)</i>			

iv) Income Tax No. (PIN)  *(Attach a copy of PIN Certificate)*

v) Are you Employed?  Yes  No OR ii) Self Employed?  Yes  No

vi) If employed, state your current employer.

vii) Occupation  Sector

viii) Source of Income  Salary  Business Proceeds  Pension (Recipient of Annuity)  Rent (Real Estate)  
 Non-Income generating dependant

ix) Source of Wealth  Legal Settlement  Royalties  Inheritance  Donations  
 Winnings  Savings  Sale of Investment  Sale of Property  
(Lottery/ Casino/Bettings)  
 Rent (Real Estate)  Employment  Pension  Business Proceed

ix) Full Name of Next of Kin  Relationship   
 (Telephone No.):

### SECTION 2 - PROPOSAL DETAILS

i) Period of insurance From   -   -     To   -   -

ii) Address where car is usually garaged

iii) Bank/Company with interest

Registration Number	Make of vehicle	Model of vehicle	Cubic Capacity (CC)	Year of Manufacture	Body Type	Manufacturers seating capacity Incl. driver	State any changes made to maker's design of body or engine. If none state 'NONE'	Estimated Proposed Sum insured

**PLEASE ATTACH A COPY OF THE LOG-BOOK FOR EACH VEHICLE**

1. COVER REQUIRED

Optional Extensions

a)  Comprehensive (i)  Political Violence & Terrorism

NB:

(ii)  Excess Protector for claim values above standard excess amount

(i) All Vehicles insured on Comprehensive basis must undergo valuation within 14 days of incepting cover. This does not apply to show room vehicles.

(ii) Political Violence and Terrorism and Excess Protector will attract additional Premium.

(iii) Excess Protector does not apply to Total Loss Theft Claims.

b)  Third Party Fire & Theft

c)  Third Party Only

Detailed Description of personal Effects ( Maximum limit payable )	Value in Kshs.
HandBag & Contents ( 10,000 )	
Mobile Phones ( 15,000 )	
Shoes ( 5,000 )	
Jewelery Limit (20,000 )	
Child Car Seat ( 8,000 )	
Laptop ( 40,000 )	

2. Name of Previous Insurer : \_\_\_\_\_  
 Policy Number : \_\_\_\_\_

3. Will the car be used for social, domestic and pleasure purpose and by the Insured in person inconnection with his business or profession?  Yes  No

4. Will the vehicle be used on any airport/airstrip premises or along runaways or taxiways where the public do not normally have access?  Yes  No

If yes give details :

5. Do you have a current licence (not Provisional) to drive Motor Cars? If No state type of licence held : \_\_\_\_\_  Yes  No

State period(s) with dates, of your car driving experience : \_\_\_\_\_

6. Do you, or does any person whom, to your knowledge will drive, suffer from defective vision, Hearing or from any physical or mental infirmity or fits of any kind?  Yes  No

If Yes give details :

7. Have you, or has any person who, to your knowledge will drive been convicted during the past (5) years of any offence in connection with any motor vehicle or is any prosecution or Police enquiry pending ?  Yes  No

If Yes give details :

8. In respect of yourself or any other person who to your knowledge will drive, has any insurer : (a) declined a proposal or (b) required an increased premium or imposed special conditions or (c) cancelled or not invited renewal of a policy?  Yes  No

If "Yes" give details :

9. If any vehicle owned or driven by you has been involved in any accident or loss in the past 3 years please complete the panel below in full.

IF NONE, state "NONE" here : \_\_\_\_\_

Past 3 Years	Total number of cars Vehicles or cycles owned by you each year	Total number of accidents or losses in connection with cars, vehicles or cycle OWNED or DRIVEN by you	Damage to Proposer's Cars, Vehicles or Cycles Amount	Third Party Amount	OFFICE USE ONLY

10. Give details of Car Anti-Theft Device fitted.

11. Are you entitled to No Claim Discount from your previous Insurers?  Yes  No

If so attach a No Claim Discount Certificate.

12. Give the following information in respect of any person other than yourself who to your knowledge will drive. If NONE, state "NONE" here : \_\_\_\_\_

Name(s) of persons (s)	Occupation(s)	Age(s)	Period full driving licence held in Kenya	Details of all accidents or losses during past 3 years if NONE state "NONE"	Car driving experience in years

13. Kindly select your preferred mode of delivery of your policy document and other official documents:

Email     Postal Address     Collection from our issuing branch office

### CONSENT & DECLARATION

I/We consent to The Heritage Insurance Company Kenya Ltd ;

- (i) Collecting, using, disclosing and/or processing my/our personal data; and
- (ii) Transferring my/our personal data to their reinsurers and affiliated companies for the purposes of insurance as permitted by law.

I/We hereby declare the truth and correctness of the above statements and particulars and agree that this Proposal and Declaration shall be held to be promissory and the basis of the contract between me/us and The Heritage Insurance Company Limited. I/We undertake that the vehicle(s) to be insured shall not be driven by any person who to my/our knowledge has been refused any Motor Vehicle Insurance or continuance thereof.

Proposer's Signature : \_\_\_\_\_ Date: \_\_\_\_\_

*No liability (except for the period stated in the Insurer's Official Cover Note) is undertaken until the Proposal is accepted by the Insurer and the premium paid.*