PROPOSAL FORM FOR PRIVATE CAR INSURANCE

SECTION 1

(A) - INDIVIDUAL CUSTOMER DETAILS

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

ii) Date of Birth
    D D - M M - Y Y Y Y

iii) Nationality
     Citizenship

iv) Contact Details:
    (mobile):                     (tel):

v) Identification Document
   Identification Type
   Identification Number
   Expiry Date
   (Attach a copy of Identification Document)

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

vii) Are you Employed
     Yes    No
     OR     Self Employed
     Yes    No

viii) If employed, state your current employer

ix) Occupation

x) Source of Income
   Salary    Business Proceeds
   Non-Income generating dependent
   Pension (Recipient of Annuity)
   Rent (Real Estate)
   Legal Settlements
   Royalties
   Inheritance
   Donations
   Winnings
   Savings
   Sale of Investments
   Sale of Property’s
   Rent (Real Estate)
   Employment
   Pension
   Business Proceeds

(B) - LEGAL ENTITY, CORPORATE OR SME CUSTOMER DETAILS

i) Trade Name

ii) Legal/Registered Name

iii) Registration Number

iv) Country of Incorporation
     Country of Parent Company if any

v) Contact Details
    (mobile):                     (tel):

vi) Identification Document
    Identification Type
    Identification Number
    Expiry Date
    (Attach a copy of Identification Document)

vii) Source of Wealth
     Legal Settlements
     Royalties
     Inheritance
     Donations
     Winnings
     Savings
     Sale of Investments
     Sale of Property’s
     Rent (Real Estate)
     Employment
     Pension
     Business Proceeds

viii) Nature of Business
     Sector
1. Cover Required
   a) Comprehensive
      (i) Option 1 - Ordinary comprehensive cover
      (ii) Option 2 - Heritage Auto Correct cover
         (This cover is based on telematics technology to collect and transmit data on how you drive.
         See the product information sheet for more details)

Optional Extensions
   (i) Political Violence & Terrorism
   (ii) Excess Protector for claim values above standard excess amount

NB:
   (i) All vehicles insured on comprehensive basis must undergo valuation within 14 days of incepting cover. This does not apply to showroom 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

<table>
<thead>
<tr>
<th>Windscreen</th>
<th>Free limit for each option is Kshs 30,000/=, Indicate additional limits require</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entertainment unit</td>
<td></td>
</tr>
<tr>
<td>Towing</td>
<td></td>
</tr>
<tr>
<td>Medical</td>
<td></td>
</tr>
</tbody>
</table>

Are you entitled to No Claim Discount from your previous Insurers?
If so attach a No Claim Discount Certificate

2. Name of Previous Insurer: ______________________________________________________
   Policy Number: ________________________________________________________________

3. Will the vehicle be used for social, domestic and pleasure purpose and by the Insured in connection with Insured’s business or profession excluding Hire & Reward?
   Yes No

4. Do you have a current license (not Provisional) to drive motor vehicles?
   Yes No

State period(s) with dates of your driving experience ___________________________________
5. Do you, or does any person who will be driving the vehicle(s) to your knowledge:
   i) Suffer from defective vision, hearing or from any physical or mental infirmity or fits of any kind?  
      Yes  No
   ii) Been convicted during the past (5) years of any motoring offence?
      If yes, give details:

6. Have you or any person who will be driving had a proposal declined, increased premiums or imposed on special conditions? If yes, give details:

7. Has any vehicle owned or driven by you been involved in any accident or loss in the past 3 years? Please complete the table provided below in full.  
   IF NONE , state “NONE” here:

<table>
<thead>
<tr>
<th></th>
<th>Past 3 Years</th>
<th>Total number of vehicles or cycles owned by you each year</th>
<th>Total number of accidents or losses in connection with vehicles or cycle OWNED or DRIVEN by you</th>
<th>Damage to proposer’s Vehicles or cycles amount</th>
<th>Third Party Amount</th>
<th>OFFICE USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. Give details of the vehicle Anti-Theft device fitted:

__________________________________________________________________________________

HERITAGE AUTO CORRECT COVER DECLARATION

[ Only for comprehensively insured vehicle - Option (ii) ]

I _____________________________ declare that I have read and understood the Heritage Auto Correct motor insurance policy which is based on telematics technology operations. I hereby consent to The Heritage Insurance Company Kenya Limited to install the telematics device in my vehicle and to effect insurance on that basis.

Signature : _____________________________ Date: _____________________________

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 Kenya Limited.

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.