

## PROPOSAL FORM FOR PRIVATE CAR INSURANCE

AGENT / BROKER  ACCOUNT NO.:  POLICY NUMBER

### SECTION 1 (A) - INDIVIDUAL CUSTOMER DETAILS

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

Date of Birth   -   -     Gender   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.  Identity Card  Passport  Asylum   
(Attach a copy of Identification Document)

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

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

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

i) Trade Name   
 Legal/Registered Name   
 Registration Number   
 Country of Incorporation  Country of Parent Company if any

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

iii) Nature of Business  Sector

- iv) Income Tax No. (PIN)           (Attach a copy of PIN Certificate)
- v) Beneficial Owner (Attach CR12)
- vi) Source of Income  Business Proceeds  Rent (Real Estate)  Donations  Government Funding
- vii) Source of Wealth  Legal Settlement  Royalties  Interest  Savings  
 Court Order  Sale of Property  Sale of Investment  
 Government Funding  Shareholders Contribution

## 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

- a)  Comprehensive 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 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

Windscreen :	Free limit for each option is Kshs 30,000/=, Indicate additional limits require
R/C/ CD :	
Towing :	
Medical :	

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

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

3. Will the car 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 Cars?  Yes  No  
 State period(s) with dates, of your car 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?  Yes  No  
 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 :  Yes  No  
 \_\_\_\_\_

7. Has any vehicle owned or driven by you been involved in any accident or loss in the past 3 years? Please complete the panel provided (next page) in full.  Yes  No  
 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 vehicles or cycle OWNED or DRIVEN by you	Damage to Proposer's cars, Vehicles or Cycles Amount	Third Party Amount	OFFICE USE ONLY

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

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9. 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.*