

PROPOSAL FORM FOR LADIES FIRST 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 Marital Status Single Married

Nationality Citizenship

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

iii) Identification Document

Identification Type	Identification Number	Expiry Date
<input type="checkbox"/> Identity Card	<input type="text"/>	
<input type="checkbox"/> Passport	<input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> Asylum	<input type="text"/>	

(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 Settlements Royalties Inheritance Donations
 Winnings Savings Sale of Investments Sale of Property's
(Lottery/ Casino/Bettings)
 Rent (Real Estate) Employment Pension Business Proceeds

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

SECTION 2 - PROPOSAL DETAILS

i) Period of insurance From - - To - -

ii) Address where vehicle is usually parked at night?

iii) Bank/Company with interest

Registration Number	Make of vehicle	Model of vehicle	Cubic Capacity (CC)	Year of Manufacture	Body Type	Fuel Type Petrol, Diesel, Hybrid, Electric, others specify	Manufacturers seating capacity Incl. driver	State any changes made to manufacturers 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
- (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

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

PERSONAL EFFECTS

Detailed Description of personal Effects (Maximum limit payable)	Value in Kshs.
Handbag & contents (10,000)	
Mobile phones (15,000)	
Shoes (5,000)	
Jewellery 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 in connection with her business or profession? Yes No

4. Will the vehicle be used on any air port/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 license (not Provisional) to drive motor vehicles? State period(s) with dates of your driving experience _____ Yes No

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. 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 : _____

Past 3 Years	Total number of 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 Vehicles or cycles amount	Third Party Amount	OFFICE USE ONLY

10. Give details of the vehicles 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

The primary mode of delivery of your policy document and other official documents shall be via email. Kindly provide your email address below.

CONSENT & DECLARATION

I/We consent to The Heritage Insurance Company Kenya Limited:

- i. Collecting, using, disclosing, processing and/or storing my/our personal data for purposes that are relevant to my policy and as permitted by law;
- ii. Collecting and sharing my personal data information in accordance with the privacy policy on its website (<https://www.heritageinsurance.co.ke/>): and
- iii. Transferring my/our personal data to their reinsurers and affiliated companies for purposes of insurance and as permitted by law.

I/We hereby declare the truth and correctness of the above statements and particulars, and that my/our answers herein are in my/our full knowledge and have been written by me or with my full authority.

I/We hereby agree that this Proposal and Declaration shall form 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.