

AGENCY



OCCIDENTAL INSURANCE COMPANY LIMITED

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PROPOSAL FORM FOR INSURANCE OF PRIVATE CARS

PARTICULARS OF PROPOSER

- 1. (a) Name..... Age.....
- (b) Postal Address P.O. Box No..... Town.....
- (c) Business or Profession..... PIN No.....
- 2. **Period of Insurance:** From..... to.....

COVER REQUIRED

- 3. (a) Comprehensive (b) Third party Fire & Theft (c) Third party only

THE VEHICLE (S)

Registered Letters and Numbers	Make	Type of Body	Cubic Capacity	Date of Manuf.	Engine and Chassis Number	Seating Capacity (Inc. Driver)	Proposer's estimate of the Present value (including accessories)

Accessories :- Do you wish to insure any optional accessories to the vehicle(s) such as Alloy Rims, Wireless, anti-theft device(s)? If so, state values and describe.....

OWNERSHIP

- 5. (a) Are you the owner of the Vehicle and is it registered in your name? (If not, state name and address of Owners and of the Persons in whose name the Vehicle is registered)..... (a).....
- (b) From whom purchased and date?..... (b).....
- (c) Whether new or secondhand and price paid?..... (c).....
- (d) Is the vehicle subject to any hire purchase agreement or any other lien? (If yes, state name of interested party)..... (d).....

THE DRIVER (S)

- 6. (a) How long have you been driving a Motor Vehicle..... (a).....
- (b) Do you, or any other person, who to your knowledge will drive, suffer from defective hearing or from any physical infirmity?..... (b).....
- (c) Have you, or any other person, who to your knowledge will drive, been convicted of any offence in connection with the driving of any other motor vehicle?..... (c).....
- (d) Will anyone else drive the car except yourself?..... (d).....
- (e) Date of issue of Permanent Driving Licence in Kenya and its expiry date..... (e).....

USE OF VEHICLE

- 7. (a) Will the vehicle(s) be used solely for domestic or purposes?..... (a).....
- (b) If no, will the other use be:- (b).....
 - 1. Solely by you in person for your business or profession? 1.
 - 2. Business use by fellow employees? 2.
 - 3. Business use by employees in your firm in connection with your business? 3.
 - 4. Business use by other persons? (If so, give brief details) 4.
 - 5. For Commercial travelling? 5.
 - 6. In connection with the Motor Trade? 6.
- (c) Will passengers be carried for hire or reward, or will the vehicle be let on hire?..... 7.

PREVIOUS EXPERIENCE

8. (a) Are you now, or have been insured in respect of any Motor vehicle? If so, please state name of Company or underwriter (a)
- (b) Has any Company or Underwriter ever:- (b)
1. Declined your proposal?..... 1.
 2. Required an increased premium or imposed special terms?..... 2.
 3. Repudiated any claim?..... 3.
 4. Cancelled your Policy?..... 4.
 5. Refused to renew your Policy?..... 5.
- (c) Have you suffered any Accidents or Losses in connection with any Motor vehicles or Motor Cycles owned or driven by you and/ or by any other person who will regularly drive the vehicle(s) now proposed for insurance? If so, give brief details. (c)
- (d) Give record of accidents and/ or losses during the past three years with any motor vehicle owned or driven by you whether insured or uninsured including any claims outstanding.

TOTAL NUMBER OF ACCIDENTS AND LOSSES

Year	Total No. of Motor Vehicles Owned by Proposer	Total No. of Accidents and Losses	Damage - Proposer's Motor Vehicles			Third Party			Others		
			No.	Amount	Shs.	No.	Amount	Shs.	No.	Amount	Shs.
			Paid								
			Outstanding								
			Paid								
			Outstanding								
			Paid								
			Outstanding								

- (a) Are any Anti-theft devices fitted to the vehicle? (a)
- (b) If yes, state make & type (b)
- (c) Do you want separate cover on this? If yes, state value
- Note: In order to enjoy reduced theft excess please send installation

SAFETY MEASURES

10. Are you entitled to NO CLAIM DISCOUNT? If so, for how many years? Please attach last Renewal Notice or give other proof.

NO CLAIM DISCOUNT

11. Do you require windscreen to be covered separately by payments of additional Premiums? If so, indicate value.

I/ We hereby agree to accept a policy subject to the following restrictions:-

- (a) (i) The first..... for accident damage.
- (ii) The first..... for theft
- (b) Excluding cover whilst driving other cars / vehicles
- (c) Excluding cover whilst the vehicle is being driven by a learner driver.
- (d) Shs. 5,000/- of each and every claim under all Sections to be paid by me / us in addition to excess under Section (a) above, if the vehicle is being driven by a person who is under the age of 25 years.
- (e) Shs. 5,000/- of each and every claim under all Sections to be paid by me / us in addition to excess under Section (a) above, if at the time of the accident the vehicle is being driven by a person who is the holder of a full driving license which has been in force in the Geographical Area for less than two years.

I / We desire to insure with OCCIDENTAL INSURANCE COMPANY LIMITED, the Motor car or cars described in the above Proposal and I / We hereby warrant that the above Statements and particulars are true, and I /We have not suppressed, misrepresented or mis-stated any material fact and I / We agree that the declaration shall be the basis of the contract between me / us and the Company. I / We further agreed that if this proposal in any particular is filled in by any other person, such person shall be deemed my / our agent and not the agent of the company. I / We further declare that I / We have read and understood all particulars entered herein and I/ We have signed this after verifying the same to be true and complete in all respects.

Date Place

Signature.....

Agent..... Certificate No.....

Code No..... Policy No.....

Premium.....