

Agency C/Note No. Policy No.



OCCIDENTAL INSURANCE COMPANY LIMITED

Crescent Business Centre, 7th Floor, Parklands Road, Parklands
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**COMMERCIAL VEHICLES PROPOSAL FORM
 (Vehicle used for Commercial and Business purposes)**

1. Full name of proposer(s).....
2. Address
3. Trade or business
4. Insurance required for.....months from.....until.....
5. Particulars of vehicle to be insured:-

Registration No	Make	Type of Body	Cubic Capacity or Horse Power	Date of Manufacture	Engine and Chassis No.	Carrying Capacity		Proposers estimate of: (a) present Value (b) accessories thereon
						Passengers	Goods	

6. Are there any non-standard accessories on the vehicle?
 (Spotlamps, roof rack, sunshade etc.) if so, state
 a) Type of Accessories:
 b) Value of each (unless declared, accessories are not covered)

7. State fully the purpose for which the Vehicle will be used.

8. Will Trailer(s) be attached to the Vehicle (s) If so, how many?

9. Do you wish the Trailer(s) to be insured?
 If, so please state the value of each.

10. a) Is the vehicle your sole and absolute property?
 b) If not, please give the name of the financiers.

a)
b)

11. Date of purchase by you and price paid and whether new second hand

12. If more than one vehicle is to be insured, how many will be in use at a time?

13. Will anyone holding provisional license drive the vehicle?

14. Do you, or any other person who to your knowledge will drive, suffer from defective hearing or from any physical infirmity?

15. Have you, or any other person who to your knowledge will drive, been convicted of any offence in connection with the driving of any motor vehicle?

16. Are the vehicles at present in thorough state of repairs?

17. Are the brakes in good working order and regularly examined?

NOTE: Please read this form carefully and give a definite answer to each question. tick and dashes cannot be accepted as answers.

18. Give record of Accidents and / or Losses during the past three years in connection with any motor vehicle owned or driven by you whether insured or un-insured including any claim outstanding.

Total Numbers of Accidents and Losses

Year	Total No. of Motor vehicles owned by Proposer	Total No. of Accidents and Losses		Damage to Proposers Motor Vehicles		Third Party		Other	
				No.	Amount Shs.	No.	Amount Shs.	No	.Amount Shs.
19			Paid						
			Outstanding						
19			Paid						
			Outstanding						
19			Paid						
			Outstanding						

19. State fully from your knowledge if the proposed Motor Vehicle or vchiles met with any accident(s) previously and the risk has been cancelled or declined by any insurance company. If so, by which Company and when?

20. Has any Company or underwriter ever:-
a) Declined your proposal?
b) Required an increased premium?
c) Required you to bear the first portion of any loss?
d) Refused to renew or cover your policy?

21. Are you entitles to "NO CLAIM DISCOUNT" if so, for how many years up to this datehave you previously been insured continuously without claim and with what Company?

22. Do you have any other vehicles insured with the Company? If so, give particulars

23. Particulars of Insurance required (Delete items not applicable)

- a) Comprehensive
- b) Third Party Fire and Theft
- c) Third Party only
- d) Ordinance/Act Liabilities Only

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

- a) Excluding cover whilst the vehicle is being driven by a learner driver.
- b) I/We confirm that the entire insurance cover to be granted by you in respect of the above will not be valid unless at all materials times the vehicles(s) is/ are being driven by and is charge of a person holding a valid appropriate Driving Licence issued in Kenya for a continuous period exceeding one year immediately prior to all such materials times.
- c) Excess a:All accidents Shs..... b) Theft Shs.....
- d) Additional excess of (i) Shs. 2,500 or (ii) Shs. 2,000/- for each and every claim under all Sections of the Policy to be paid by me/us in addition to the excess under Section (c) above, if the vehicle is being driven at the time of the accident by a person who respectively has an appropriate driving licence of a duration of:
 - i) More than 1 year but less than 2 years
 - ii) More than 2 years but less than 3 years

I/we desire to insure wih OCCIDENTAL INSURANCE COMPANY LIMITED the Motor Vehicle 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 this declaration shall be the basis of the contract between me/us and the Company.

Signature of proposer(s).....

Liability does not begin until this proposal has been accepted by the Company and the premium paid, except as provided by any official cover note issued by the Company