

Follow the instructions bellow to complete this form:

- 1. Open this form with *AdobeAcrobat*.
- 2. Carefully fill in the form by clicking on the provided fields.
- 3. Don't input incorrect information, ask for assistance if you're uncertain.

For appending of signature;

- 4. Click on the signature field
- 5. Click Configure New Digital ID
- 6. Click Create a new Digital ID then click Continue
- 7. Click Save to File then click Continue
- 8. Save the form every time a digital signature is added.
- 9. Once you've completed the form, save and email or whatsApp it and the associated documents

Please attach the following documents after completing the form:

Need assistance?

Call or email us for quick assistance.

Mobile:

Email:

PIONEER GENERAL INSURANCE LTD.

MOTOR COMMERCIAL PROPOSAL FORM



M-P	ESA Paybill Business No:	100500	Account	No.		Policy	No.
Peri	od of Insurance: From:				То:		
Plea	ase select type of cover:	THIRD PA	RTY		D PARTY/	CO	MPREHENSIVE
Sun	n Insured:			FIRE	& THEFT		
SEC	TION A: PROPOSER'S DE	TAILS					
1.	Agency/Broker:						
2.	Name of Proposer:						
	Corporate name of the C	ompany:					
3.	PIN No:	ID/Passpor	t No:			Date of E	Birth:
4.	Postal Address:		Posta	al Code:		Town:	
5.	Telephone Number:			Μ	obile Number:	:	
6	Email Address:				Occupation:		
7.	Residence:		Name of	Financer	(if any):		
8.	Driving License No:		Driving I	Experience	e:		
9.	Driving License Date of Is	sue:					
10	. Details and amount of los	ses in the las	t 5 years:				
11	. Are you entitled to any N	o Claim Disco	unt (NCD)?	Yes:	No:	lf	yes, attach evidence
	Name of Previous Insurer	(s):					
12	. Has any insurance compa	ny:					
	a) Declined your proposal	?		Yes:	No:		
	b) Cancelled or refused to	renew your	policy?	Yes:	No:		
	c) Required an increase p	remium on rei	newal?	Yes:	No:		
	If yes to any of the abo	ve, please giv	e details:				

 Are you currently insured by PACL under any other Cover/Policy? Yes: If Yes, please give details 	No:	
14. Is the vehicle registered in your name? Yes: No:	If No, give detai	ils
15. Is the vehicle used for;a) Social, domestic and leisure purposes?	Yes:	No:
b) Carriage of goods or passengers for hire or reward?	Yes:	No:
c) Carriage of goods in connection with your own or employer's business?	Yes:	No:
If Yes for b) or c) give details		
16. Will the vehicle be driven by other drivers other than the proposer?If yes, provide names of these other drivers including driving experience.	Yes:	No:
Name of other driver(s)	Years of driv	ving experience
i)		
ii)		

iii)

In the event of an accident while the vehicle is under the care of a young and inexperienced driver, additional excess will be applicable as per the policy.

17. Is any anti-theft device installed?	Yes:	No:
(Attach copy of certificate)		

SECTION B: MOTOR VEHICLE(S) DETAILS

Registration Marks	
Log Book Number	
Seating Capacity	
Engine No.	
Chassis No.	
Type of Body	
Colour	
CC	
Year of Manufacture	
Make & Model	

Indicate extra benefits required (additional premium may apply). Figures in KShs.

R	Registration Marks	Riots & Strikes	Windscreen	Audio System	Excess Waiver	PVT Extension	Courtesy car.

PREMIUM COMPILATION:

Basic	
Riot & Strike	
Windscreen	
Audio System	
Passenger Legal Liability	
Political Risks	
Excess Waiver	
PVT Extension	
Others	
Levies	
TOTAL	

DECLARATION

I/we hereby declare and warrant that the statements given over are true and that I/we have not suppressed or misrepresented any material fact and I/we undertake to use all necessary and proper precautions for the safety of the general public, and I/we agree if the premium be wholly or in part based on wages or other variable factor to keep proper record thereof and at the end of each period of indemnity to supply to the Company the correct statement of the requisite particulars for the purpose of adjusting the premium and to pay any consequent extra premium due, and I/we further agree that this proposal and declaration shall be the basis of the proposed contract between the company and Myself/Ourselves and that I/we accept the Company's policy subject to its terms, exceptions and conditions. Any error, omission, deliberate suppression and/or misrepresentation of material facts or incorrect statements will render this insurance contract null and void.

Proposers Signature/ Official Stamp:

Date:

FOR OFFICIAL USE ONLY:

Are these documents attached?

a) Copy of Log Book	Yes:	No:
b) Copy of Driving License	Yes:	No:
c) Copy of Anti-Theft Certificate	Yes:	No:
d) NCD Letter	Yes:	No:
e) Copy of PIN	Yes:	No:

HEAD OFFICE: PIONEER HOUSE, MOI AVENUE P. O. BOX 20333-00200, NAIROBI, KENYA. TEL: 020-2220814/5 (10 LINES) FAX: 020-2224985 E-mail: info@pioneerinsurance.co.ke