

**MOTOR  
PROPOSAL FORM**

**MOTOR INSURANCE PROPOSAL TEMPLATE**

AGENT: \_\_\_\_\_

INSURED NAME: \_\_\_\_\_ Mobile No: \_\_\_\_\_

PIN No: \_\_\_\_\_ ID/Passport No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Code: \_\_\_\_\_ Town: \_\_\_\_\_ Email: \_\_\_\_\_

USE (Private): Social, domestic and leisure purposes? \_\_\_\_\_ Carriage of goods or passengers for hire or reward? \_\_\_\_\_

Carriage of goods in connection with your own or employer's business? \_\_\_\_\_

USE (Commercial): Carriage of own goods? \_\_\_\_\_ Carriage of goods for hire or reward? \_\_\_\_\_

Carriage of passengers NOT for hire or reward? \_\_\_\_\_ Carriage of passengers for hire or reward? \_\_\_\_\_

Vehicle Registration No.: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Body Type: \_\_\_\_\_

Colour: \_\_\_\_\_ Rating / CC: \_\_\_\_\_ Engine No.: \_\_\_\_\_ Chasis/Frame No.: \_\_\_\_\_

Year of Make: \_\_\_\_\_ Seating Capacity: \_\_\_\_\_ Tonnage (for Commercial) \_\_\_\_\_

Period: Annual: \_\_\_\_\_ or Short Period: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Scope (Tick Appropriately): Comprehensive[COMP] \_\_\_\_\_ Third Party Fire & Theft [TPFT] \_\_\_\_\_ Third Party Only [TPO] \_\_\_\_\_

Value / Sum Insured (If Comprehensive): \_\_\_\_\_

**PREMIUM WORKINGS**

Basic Premium: Rate Applied: \_\_\_\_\_ Premium Amount: \_\_\_\_\_

Political Violence & Terrorism: Rate Applied: \_\_\_\_\_ Premium Amount: \_\_\_\_\_

Excess Protector: Rate Applied: \_\_\_\_\_ Premium Amount: \_\_\_\_\_

Loss of Use: 10 Days 3,000 or 20 Days 6,000: Premium Amount: \_\_\_\_\_

Windscreen: Limit of cover: \_\_\_\_\_ Premium Amount: \_\_\_\_\_

Radio Casset: Limit of cover: \_\_\_\_\_ Premium Amount: \_\_\_\_\_

Total Premium: \_\_\_\_\_

Taxes & Stamp Duty (40): \_\_\_\_\_

**TOTAL PREMIUM INCLUSIVE OF TAXES:** \_\_\_\_\_

**ATTACH COPY OF LOG BOOK: MANDATORY**

Declaration /Authorized Person:

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 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.

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**HEAD OFFICE: PIONEER HOUSE, MOI AVENUE**

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