



FIRST AUTO

FIRST ASSURANCE

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MOTOR PRIVATE PROPOSAL FORM

Agent/Broker

All questions must be answered in full. TICK appropriate boxes.

PROPOSER

- Full Name
- Age PIN No.
- Tel No: Residential Mobile Office
- Physical Residential Address Street Town
- Postal Address Code Email
- Business Occupation/Profession
- Physical Address of Office/Business
- Next of Kin/Contact
- Relationship Mobile
- Period of Insurance: From to

VEHICLE DETAILS

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5
Registration					
Make					
Type of body					
Year of Manufacture					
Chassis number					
Engine number					
Cubic capacity (CC)					
Colour					
Date of purchase					
Seating Capacity					
Estimated value					

COVER

1. What type of motor insurance cover do you require? (Tick One)

a) Comprehensive: Yes No

- (i) **First Auto**
(ii) **Standard**

b) Third Party Fire and Theft Yes No

c) Third Party Only Yes No

Extra Benefits:

- | | Value |
|------------------------|----------------------|
| (i) Wind Screen | <input type="text"/> |
| (ii) Radio Cassette/CD | <input type="text"/> |
| (iii) Alloy rims | <input type="text"/> |
| (iv) Any Other | <input type="text"/> |

2. (a) Are you the owner of the vehicle(s) Yes No

(b) Is (Are) the vehicle(s) registered in your name? Yes No

(Attach copy of the Log Book)

(c) If not in whose name is/it (are they) registered? _____

(d) Has customs duty been paid in full? Yes No

If not why? _____

3. (a) Is a finance company or any other party financially interested in this vehicle? Yes No

(b) If yes state name and address _____

4. Is any of the vehicle(s) left-hand drive? Yes No

5. (a) Is/are the vehicles fitted with an anti theft device(s)? Yes No

(b) If so, Attach certificate of installation _____

6. Will the vehicle(s) be used for any of the following purposes?

(a) Exclusively for domestic, social and pleasure Yes No

(b) For the carriage of goods for hire or reward Yes No

(c) For the carriage of passengers for hire or reward Yes No

(d) For any other purposes? _____

If yes (d) please give details _____

DRIVING EXPERIENCE

1. Do you hold a valid driving License? Yes No

State date when License was attained: _____

Year _____

CLAIMS HISTORY/ CONVICTIONS

Have you, or has any other person who to your knowledge will drive, been convicted during the past five years of any offence in connection with any motor vehicles? If yes brief details:-

(i) When? _____

(ii) Nature of accident _____

1. Have you ever been? _____

(a) Accused or convicted of any motoring offence? Yes No

If yes please give details. _____

Nature of offence accused of _____

Nature of offence convicted. _____

INSURANCE HISTORY

1. Have you been insured for motor insurance in your Own name before? Yes No

If yes

1. Name of Insurance Company _____

2. Has the above vehicle(s) been insured before? Yes No

If yes: - Name of insurance company _____

2 Has any Underwriter ever:

a) Declined your proposal? Yes No

b) Required an increased premium? Yes No

c) Imposed special terms or conditions? Yes No

d) Cancelled or refused to renew your policy? Yes No

DECLARATION

I/We declare that to my/our knowledge the answers and particulars given in this proposal are true and complete and that

I/We have not held any material information and that the vehicle(s) described above is/are in good condition.

I/we have understood that this proposal and declaration shall be the basis of the contract between Me/Us and First Assurance Company Limited. I/we understand that the vehicle(s) described above will not be used for the conveyance of passengers or goods for hire or reward.

Date of completion of proposal form: _____

Name of the person completing the proposal form _____

Proposer's signature: _____