



Better. Simple. Life.

GOODS IN TRANSIT PROPOSAL FORM

PROPOSER

Agency: _____ Policy No. _____

Surname _____ Mr. Mrs. Miss. Dr. Prof. Rev. Hon.

First Name _____ Marital Status: _____

Date of Birth _____ Sex: Female Male

ID No./PP No. _____ PIN No. _____

Occupation _____

Nationality _____ Country of Residence _____

Residential Address _____

Postal Address _____ Code _____

E-mail Address _____ Tel No. _____ Cell No. _____

Trade or Business: _____

1. State the number of years you have been established in the above business _____

2. State the nature of the goods to be carried: _____

3. What districts are covered in the ordinary course of business: _____

4. a) Sum Insured (If a single transit) Kshs _____

b) Limit any one vehicle/trailer (for annual covers) Kshs _____

c) Estimated annual carry (for annual covers) Kshs _____

5. Basis of valuation: _____

6. a) State number of vehicles to be used: _____
- b) Will you use hired vehicles? Yes No
- c) If Yes, are goods carried on owners risk or contract? _____

7. What cover is required? (Please tick one)

- a) All Risks
- b) Road Risks (Loss/damage following fire, collision or overturning of conveyance)

8. a) Are you at present insured? a) Yes No
- b) Have you ever proposed for insurance of any Good-in-Transit risks b) Yes No

Name of Company _____

9. Has any such proposal or renewal ever been

- i) Declined, or i) Yes No
- ii) Withdrawn, or ii) Yes No
- iii) Subjected to an increased rate? iii) Yes No

If the answer to any of the above is Yes, please give details _____

10. Do you possess permanent garage premises? Yes No
- If so, quote address if different from business address as above _____
- _____

11. Are any of your vehicles left loaded and unattended at night? Yes No
- If so, what arrangements do you make for their garaging and safe custody? _____
- _____

12. What is the maximum number of your vehicles so left in the same premises? _____
- _____

TABLE: _____

INSURANCE FOR 12 MONTHS FROM: _____ **TO** _____

I warrant that the above statements are true, and that I have not withheld or concealed anything affecting the proposed insurance, and I agree that this proposal shall be the basis of the Contract between me and the Company. I agree also -to accept the Company's policy applicable to the insurance.

Date: _____ 20 _____ Signature _____

Liability does not commence until acceptance of the proposal has been intimated or official Cover-note issued.

State complete record of claims or losses in connected with Goods-In-Transit during the past three years.	Total Number of Vehicles owned by the Proposer during year of accident	Total Number of Accidents or losses	TOTAL COST SETTLED CLAIMS				OUTSTANDING CLAIMS
			Fire	Accidental	Theft or Damage	Number Pilferage	
20							
20							
20							

PARTICULARS OF VEHICLES FOR WHICH COVER IS REQUIRED

Registration Marks	Make of Vehicle	Type of Body	Year of Make	Carrying Capacity	Number of Trailers	Sums Insured	
						Per Vehicle	Per Trailer
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

UAP Insurance Company Limited

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