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PRIVATE VEHICLE INSURANCE Proposal Form

Branch _____ Agency _____

PROPOSER

1. Full Name _____
Last Middle First
2. PIN No. _____ Occupation/Profession _____
3. Telephone No. Residential. _____ Mobile _____ Office _____
4. Postal Address _____ Code _____ Town _____ Email _____
5. Age Band (Individuals) 18yrs-21yrs 22yrs to 40yrs 41-69 yrs Above 70 yrs
- Period of Insurance required From _____ to _____

VEHICLE(S)

Registration Number	Chassis Number	Engine Number	Make of Vehicle	Type of body	Cubic Capacity	Year of Manufacture	Proposer's estimate of present market Value(Including duty)

6. Are you the owner of the above vehicle(s)? Yes No
If you are not the owner, state the name of the Owner and his/her address _____
(Attach a copy of the Log-book)
7. Is any Financial Institution or any other party financially interested in the vehicle? Yes No
If Yes please state Name & address _____
8. For what purpose will the vehicle be used?
• Social, Domestic, Pleasure & Own Business? Yes No
• For Carriage of passengers for Hire & Reward? Yes No
• For Carriage of goods for Hire & Reward? Yes No
• For Any other purpose (Specify _____)
9. Is any of the vehicles above a left hand drive? _____
*(An additional premium of 25% is applicable for Left hand drive cars)
10. (a) Has customs duty been paid in full in respect of the above vehicle? _____
*(Duty Clause is applicable if Custom Duty has not been paid in full)
11. Is/are the vehicle(s) fitted with anti-theft devices? (Provide copy of Installation certificate) Yes No
*(Theft excess of 25% of vehicle value is applicable if without anti-theft device)

DRIVING & CLAIM EXPERIENCE

12. Do you hold a valid Driving license? _____ Which Class of license? _____ Year License was attained? _____

13. Have you ever had a Motor Vehicle Accident or loss during the past Five years? Yes No
 When _____ Nature of Accident _____ Estimated Amount of loss _____

14. Have you ever been convicted of any motoring offence? Yes No
 If 'Yes' please provide details _____

15. Have you been insured in respect of the above vehicle(s)? Yes No
 If so, which Company? _____

COVER

What type of insurance cover do you require?

(a) Comprehensive? b) Third Party Fire & Theft? c) Third Party Only?

Extra Benefits available at an additional premium (Comprehensive Vehicles only)

Additional Premium

- | | | |
|---|--|---|
| 1. Extra Windscreen Cover above Kes.30,000? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Limit _____ 10% of the extra limit |
| 2. Extra Radio Cassette Limit above Kes.30,000? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Limit _____ 10% of the extra limit |
| 3. Riot, Strike & Political violence - | Yes <input type="checkbox"/> No <input type="checkbox"/> | Additional premium of 0.25% of vehicle value |
| 4. Car Hire-Cash Benefit up to 20,000 ? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Additional premium of 2,000/= per vehicle
(Available for vehicles above Kshs.1M) |
| 5. Forced ATM withdrawal | | |
| • Up to 10,000? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Additional premium of 1,000/= per vehicle |
| • Up to 7,500? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Additional premium of 750/= per vehicle |
| 4. Loss of spare wheel (Vehicles above 1M only) | | |
| • Up to 10,000? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Additional premium of 1,000/= per vehicle |
| • Up to 7,500 ? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Additional premium of 750/= per vehicle |
| 5. Tracking Devices? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Additional premium of 25,000/= per vehicle |
| 6. AA Membership? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Additional premium of 4,000/= per vehicle |

DECLARATION

I/We Declare that to My/Our knowledge the answers and particulars given in this proposal are true and complete that I/We have not withheld any material information and that the vehicle(s) described is/are in good condition. I/We further agree that this proposal and declaration shall be the basis of the contract between Me/Us and UAP Insurance Company limited whose policy is applicable to this insurance, I/We agree to accept.

Date of completion of proposal: _____

Name of person completing proposal form: _____

Signature: _____

Signed by: _____

UAP Insurance Company Limited

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