

PROPOSAL FOR PRIVATE CAR INSURANCE

SECTION A: PERSONAL/CORPORATE DATA

(Individual Applicant)

Surname _____ Other Name: _____

Place of Work _____ Occupation: _____

Date of Birth: (dd)_____ / (mm)_____ (yy)_____ ID/Passport No. _____

(Corporate Applicant)

Business Name: _____ PIN No. _____

Nature of Business _____

Name of Contact Person: _____ Position: _____

(Both Corporate and Individual Applicants)

Postal Address _____ Postal Code _____ Town: _____

Physical Address: Bldg: _____ Floor: _____ Street: _____

Office Tel: _____ Fax No.: _____ Mobile Phone _____

E-Mail Address: _____

Period of Insurance: From _____ To _____

SECTION B : TECHNICAL DETAILS

All questions must be answered

1. Particulars of car(s) to be insured

(a) Please fill in the schedule below

Registered letters and numbers	Engine and chassis numbers	Make of car and type of body	H.P. or C.C.	Year of manufacture	Present value including accessories & spare parts	Seating capacity including driver

(b) Type of cover required

(i) Comprehensive

Duty Paid

Duty Free

(ii) Third Party, Fire and Theft

Duty Paid

Duty Free

(iii) Third Party Only

(c) If your answer to (i) or (ii) is duty free, please sign the declaration below:

DUTY FREE DECLARATION

I/We hereby declare that I/We have chosen to insure the vehicle(s) listed in the schedule on a DUTY FREE basis and that in case of any damage or loss to the said vehicle, I/We accept to be indemnified as follows;

(i) In case of a Total Loss, the Insured Duty Free Sum shall be the maximum liability to the company. In the event the vehicle ownership is to be transferred to any other party following such a total loss, I/We confirm that I/We shall be responsible for the duty payable to the Government of Kenya.

(ii) In case of a Partial Loss, the company's liability shall be limited to the proportion that the sum insured bears to the market value of the vehicle at the inception of this insurance cover.

Insured's Name _____ Signature _____ Date _____

SECTION B TECHNICAL DETAILS (continued)

2. If you wish to insure a car entertainment unit separately, please provide the following details:

Make _____ Type _____ Serial No. _____ Value _____

3. (a) Are you the sole owner of the car and is it registered in your name? _____

(b) If the car is purchased under a hire purchase/loan agreement, state name of the Financier

4. Where is the car(s) normally garaged? (state town, street or estate) _____

(a) During the night _____ (b) During the day _____

5. With what theft protection devices is the car fitted? _____

Please attach the receipt of purchase and a confirmation that the device is operational from the company that has fitted it.

NB: Please note that the policy will include the theft protection devices endorsement.

6. State the usage of the vehicle:

- Social, domestic and pleasure purposes
- For professional or business purposes
- By employees or other parties in connection with your own or your employee's business
- In connection with the motor trade

For any other purpose, please specify _____

7. Do you (and/or any other persons who to your knowledge will drive) suffer from defective vision or hearing, or any physical infirmity including fits? If so give particulars.

8. Have you (and/or any other persons who to your knowledge will drive) been convicted during the past five years of any offence in connection with any motor vehicle or is any prosecution pending? If so, give particulars and dates.

9. How long have you held a driving licence? _____

10. Are you now or have you previously been insured in respect of any motor vehicle? If "yes", state name of company of underwriter.

SECTION B TECHNICAL DETAILS (continued)

11. Has any company or underwriter:-

(a) Declined your proposal? _____

(b) Refused to renew or cancelled your policy? _____

12. Have you earned a No Claim Bonus during the past twelve months? If "Yes" then please attach proof of No Claim Bonus due, or name and address of company or underwriters allowing bonus and percentage.

13. Will car be driven exclusively by a named person (not being a paid driver)? If so, state full name.

14. Will the vehicle be driven regularly by members of your family or other persons? If so state

(a) Ages _____

(b) How long each has held a driving licence _____

(c) The vehicle accidents or loss they have had in the last three years _____

15. Give record of accidents and or losses during the past three years in connection with any motor vehicle owned or driven by you whether insured or uninsured including any claims outstanding. Please complete a separate line for each year.

Year	Total number of accidents and losses	Amount paid	Amount outstanding

I/We declare that the claim information is accurate _____

The liability of the Insurers does not commence until the acceptance of the proposal has been formally intimated to the Proposer, a certificate of insurance issued and the premium has been paid.

SECTION C: PAYMENT DETAILS

Payment Type (Please tick)

Cash: (Please pay Directly to CHARTIS)

Cheque: Cheque No. _____ Bank: _____

Premium Finance: (State the Financing company) _____

IMPORTANT NOTICE

PAYMENT OF PREMIUM THROUGH AN INSURANCE AGENT OR DIRECT

- Please note that all premium cheques must be written in favour of CHARTIS KENYA INSURANCE CO. LTD. CASH must be paid direct to CHARTIS and appropriate receipt obtained.
- Insurance cover will commence only after payment has been received by CHARTIS KENYA. If any cheques is dishonored cover will be deemed to have been inoperative with effect from inception.
- Please check that your insurance Agent has a current License from the Commissioner of Insurance

SECTION D: DECLARATION

I/We declare that the statements and particulars in this proposal are true and that I/We have not misstated or suppressed any material facts. I/We agree that this proposal, together with any other information supplied by me/us, shall form the basis of any contract of insurance effected thereon.

Signing this proposal form does not bind the proposer or underwriter to complete this insurance.

Executed at this _____ day of _____ 20 _____

For and on behalf of: _____

Name: _____

Signature: _____ Date: _____

(If Corporate): Designation of Contact Person:

Company Stamp:

NAME OF PRODUCER _____

PRODUCT OPTION

(a) Chartis Classic Auto

(b) Chartis Prestige Auto

(c) NCD