



## C: DETAILS OF COVER

Type of cover required

Basic comprehensive:

Third Party Fire & Theft:

Third Party Only:

Are you at present or in the past been insured for the risks proposed?

Yes

No

Name of company \_\_\_\_\_

Period \_\_\_\_\_

Policy No. \_\_\_\_\_

Are you entitled to a No. claim bonus

Yes

No

(attach certificate)

Has any proposal or renewal been:

Declined?

Yes

No

Withdrawn?

Yes

No

Charged an increased rate?

Yes

No

Required special restrictions?

Yes

No

Who is the principal driver of this vehicle(s)

If not insured:

Name: \_\_\_\_\_

How long driving? \_\_\_\_\_

Age: \_\_\_\_\_

Date licensed 

D	D	M	M	Y	Y	Y	Y
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License No. \_\_\_\_\_

Give particulars of all accidents or losses over the past three years involving you or any other persons who to your knowledge will be driving the vehicle

Claim Type	No	Amount	No	Amount	No	Amount	Year of Loss/Claim
Own Damage Third Party Fire or Theft Any other loss							

## D: BENEFITS

### SCHEDULE OF BENEFITS FOR COMPREHENSIVE INSURANCE

Benefit	Limit	Rate	Premium
Basic Comprehensive	Sum Insured		
Excess Protector ( Own Damage Only)	Sum Insured	0.25% - Motor Private – Min Kshs.5,000 0.5% - Motor Commercial Min. Kshs.5,000	
Car hire cash benefit	Kshs 20,000	10% - Motor Private Only	
Political Violence & Terrorism	Sum Insured	0.25% - Motor Private –Min Ksh.2,500 0.5% - Motor Commercial – Min Kshs.5,000	
Extra Windscreen Limit ( In excess of Kshs 30,000)		10% in excess of free limit	
Extra Entertainment Limit (In excess of Kshs 30,000)		10% in excess of free limit	
	Total		
	Levies	0.45%	
	Stamp Duty		40
	GRAND TOTAL		

FREE EXTRAS FOR COMPREHENSIVE COVER

- 1. No Blame No Excess
- 2. Riot & Strike
- 3. Valuation
- 4. Windscreen cover up to Kshs 30,000
- 5. Entertainment unit cover up to Kshs 30,000

Period of insurance From 

D	D	M	M	Y	Y	Y	Y
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 To 

D	D	M	M	Y	Y	Y	Y
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DECLARATION

I/we declare that to my knowledge that the answers and particulars given in this proposal are true and complete and that I have not held any Material information.

Signature: ..... Date of Completion: .....

Name of person signing the form: .....



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