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# TRUCKSURE

Branch:	Agent:	Policy No:
<b>PROPOSER</b>		
Full Name:		
ID No/Passport No.:	Nationality:	Date of Birth: DD: ___ MM: ___ YY: _____
PIN No:	Occupation:	
<b>Telephone: (Residential)</b>	<b>Telephone: (Office)</b>	<b>Mobile:</b>
Postal Address:		Postal code:
Trade/business of vehicle:		
Email:		
Period of insurance required from	From:	To:

Registration Mark	Chassis or Engine No.	Make of Vehicle	Type of Body	Horse Power or cubic capacity	Year of Manufacture	Carrying Capacity Goods		Proposers estimate of present value (including duty)
						Goods	Passenger	

6. (a) Date of Purchase of Vehicle by you (a) \_\_\_\_\_  
 (b) Whether new or second-hand (b) \_\_\_\_\_ (c) Price Paid \_\_\_\_\_
7. (a) Are you the owner of the vehicle(s)? Yes  No   
 (b) If not, state the name and address of the owner or hire purchase interest. \_\_\_\_\_
8. (a) Has custom duty been paid in full? Yes  No
10. Will the vehicle(s) be used exclusively:-  
 (i) for carriage of Own Goods Yes  No   
 (ii) for carriage of other Persons Goods Yes  No   
 (iii) for carriage of Passengers Yes  No   
 (iv) For any other Purposes Yes  No

Please explain \_\_\_\_\_

13. If goods are to be carried, state the nature of such goods \_\_\_\_\_
- 14 (a) If passenger cover is required, will passengers be carried for hire or reward? Yes  No   
 (b) Will carriage of other peoples goods be for hire or reward? Yes  No
15. (a) Have you ever had a Motor Vehicle Accident or loss during the past three years? Yes  No   
 (b) If so, please complete Section below giving full details \_\_\_\_\_
16. Do you or does any person, who to your knowledge will drive  
 (a) Suffer from defective vision or hearing Yes  No   
 (b) Suffer from any other infirmity which may affect your/his/their driving skills Yes  No
19. Are you now or have you been insured in respect of the above motor vehicle? Yes  No   
 If so please state (a) Name of Company \_\_\_\_\_  
 (b) Policy Number \_\_\_\_\_
21. Has any Company or Underwriter ever:  
 (a) Declined your proposal? (a) \_\_\_\_\_  
 (b) Imposed Special terms or conditions? (b) \_\_\_\_\_  
 (c) Required an increased premium? (c) \_\_\_\_\_  
 (d) Refused to renew or cancelled your policy? (d) \_\_\_\_\_

**COVER**

1. What type of motor Insurance cover do you require? Please tick one:-

- Please Indicate Vehicle Usage (i) Own Use? Yes  No  (ii) Hire & Reward? Yes  No
- (a) Comprehensive Yes  No

**2. EXTRA BENEFITS**

Do you require cover for the following:-

- (a) **Tracking & Recovery Devices** Yes  No   
 Stoic Tacking Company Annual Fee Shs.15,000 Yes  No   
 Or  
 Traffilog Tracking Company Annual Fee Shs.15,250

- (b) **Excess Waiver (Accidental Damage Only)** Yes  No

Registration No	Acc Damage Excess	Rate	Premium
		10%	
		10%	

- (c) **Monthly Loan Repayment?** Yes  No   
 Financier? \_\_\_\_\_

Registration No	Monthly repayment	Rate	Premium
		10%	
		10%	
		10%	

Note: (Max Loan Repayment 3 months. Repayment starts 30 days from date of Assessment)

(d) Loss of Income Benefit (5,000 per day and 300,000 per event)?

Yes  No

Registration No	Premium
	Kshs. 30,000
	Kshs. 30,000

Note: (Max Loan Repayment 3 months. Repayment starts 30 days from date of Assessment)

(e) Crew Personal Accident Cover?

Yes  No

Registration No	Persons	Premium/Person	Total
		Kshs. 2,000	
		Kshs. 2,000	
		Kshs. 2,000	

**Benefits:** Accidental Death Kshs.500,000

Permanent Total Disablement Kshs.500,000

(f) Carriers' Liability?

Yes  No

Registration No	Limit (max 5M)	Rate	Premium
		2%	
		2%	
		2%	

#### 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: \_\_\_\_\_

Signature: \_\_\_\_\_

Signed by: \_\_\_\_\_