



CANNON ASSURANCE LTD

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MOTOR PRIVATE PROPOSAL FORM

IMPORTANT NOTICE

1. The proposal form shall be signed by the **PROPOSER**.
2. Insurance cover will come into effect once premium is paid for.
3. **ALL questions** on these forms must be answered Truthfully.

Insurers Policy no.: _____

Broker/Agent: _____

PROPOSER'S DETAILS

Name _____ Tel. no. _____ ID no.: _____ PIN no. _____

Personal email address: _____ P.O. Box _____ Code _____ Age _____

Physical Address i.e. Estate/Residence _____ Road _____ Hse no. _____

Employment/Business _____ Tel: _____ P.O. Box _____ Code _____

Town/City _____ Office email address _____ Physical location _____

POLICY COVER

Cannon Wheels Ordinary Comprehensive Third Party Fire & Theft Third Party Only

PERIOD OF INSURANCE

From Date: _____ To Date: _____

MOTOR VEHICLE DETAILS

| Registration No. | Make/Model | Body Type | C.C. | Year of Manufacture | Engine no. | Chassis no. | Seating Capacity | Estimated Vehicle Value KSH. |
|------------------|------------|-----------|------|---------------------|------------|-------------|------------------|------------------------------|
| | | | | | | | | |
| | | | | | | | | |
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MOTOR VEHICLE ACCESSORIES

STANDARD ACCESSORIES (please */*)

| ACCESSORY | WINDSCREEN <input type="checkbox"/> | RADIO/CD INCLUSIVE OF SPEAKERS <input type="checkbox"/> | RADIO/CD MAKE/MODEL |
|------------------------------|-------------------------------------|---|---------------------|
| ESTIMATED VALUE KSH./DETAILS | | | |

NON STANDARD ACCESSORIES (please */*)

| ACCESSORY | ALLOY RIMS <input type="checkbox"/> | SPOT LAMP <input type="checkbox"/> | ROOF RACK <input type="checkbox"/> | SUN SHADE <input type="checkbox"/> |
|----------------------|-------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| ESTIMATED VALUE KSH. | | | | |

NB: Unless declared, accessories are not covered. Additional premium will be charged for this non-standard accessories

1. Does the motor vehicle have an **anti-theft device** fitted? _____ If Yes, attach certificate of fitting
2. Is the motor vehicle a **LEFT HAND DRIVE**? _____
3. Has the car been converted, adopted or modified in any way? _____ If Yes, explain _____

USAGE OF MOTOR VEHICLE (please */*)

Will the motor vehicle be used for

Social Domestic Purposes only Professional purposes For your employers or own business By employees or other parties for work purposes
Carriage of livestock/farm produce/samples Hire and Reward Carry fare paying passengers Leasing out to car hire firms

PARKED

Is the vehicle usually kept overnight Yes No
i. In a locked garage?
ii. In the open at your premises?
iii. Elsewhere?

OWNERSHIP

Are you the owner of the motor vehicle and is it registered in your name? _____ If **NO**, state the name and address of the owner(s) in whose name it is registered
Please attach a copy of the log book, your PIN and ID copy for our records.

Is the motor vehicle subject to any **hire purchase agreement** or any **other lien/interest**? _____ If **YES**, Kindly state name and address of the financier and attach any sale agreement to this effect. _____

(please */*) where appropriate

| Date motor vehicle purchased | New-showroom vehicle or 2 nd Import | 2 nd Hand Locally purchased | Purchase price Ksh. |
|------------------------------|--|--|---------------------|
| | | | |

DRIVER

Do you hold a provisional or permanent driving license? _____ Will any one holding a provisional license be driving your motor vehicle? _____
If YES, Please name them _____

Do you, or any other person, who to your knowledge will drive your car, suffer from defective hearing or from any physical infirmity? _____
If YES, Please state _____

Do you, or any other person, who to your knowledge will drive your car, been convicted for any offence in connection with careless driving in the past five years? _____
If YES, please give details and duration of conviction _____

AUTHORIZED DRIVERS

Give details of the driving experience of all persons who will drive the proposed vehicle(s).

| NAME | AGE | OCCUPATION | DATE OF ISSUE OF FULL LICENSE |
|------|-----|------------|-------------------------------|
| | | | |
| | | | |
| | | | |

NB: On named drivers a discount on premium is applicable**INSURANCE HISTORY**

- i. Are you now or have you been insured in respect of any motor vehicle? _____ If Yes, give details of motor registration and name of insurer _____
- ii. Has any company in respect to yourself or any other person who will drive, ever; Yes No
- a) Declined your proposal?
- b) Cancelled or refused to renew your policy?
- c) Required an increased premium or imposed special conditions?
- d) Required you or such person to carry the first amount of any loss?
- iii. Do you have any other motor vehicle insured with Cannon Assurance Ltd? _____ If Yes give details _____

CLAIMS EXPERIENCE

Kindly give accidents/losses during the last years in connection with any vehicle owned or driven by you whether insured or uninsured including any claims outstanding.

| Year | Insurer | Total no. of accident | Own Damage Estimated Claim Ksh. | Third Party Property Damage Estimated Claim Ksh. | Third Party Person Injury Estimated Claim Ksh. |
|------|---------|-----------------------|---------------------------------|--|--|
| | | | | | |
| | | | | | |
| | | | | | |

NO CLAIM DISCOUNTAre you entitled to a No Claim Discount from your previous insurers in respect of the vehicle(s) described in the proposal form? Yes No (attach proof)**EXTRA BENEFITS****1. PERSONAL ACCIDENT BENEFIT (APPLICABLE TO CANNON WHEELS)**

Name of applicant _____ Date of Birth _____ Occupation _____

Do you have any personal accident insurance cover with us or another insurer? _____ If Yes, Give details _____

Do you have any physical deformity or infirmity? _____ If Yes, Give details _____

Has any insurance company declined your proposal or declined to renew policy? _____ If Yes, Give details _____

2. FUNERAL BENEFITS (APPLICABLE TO CANNON WHEELS)

| | NAME | RELATIONSHIP | DATE OF BIRTH | ADDRESS | TELEPHONE |
|------------------------------------|------|--------------|---------------|---------|-----------|
| Nominee as beneficiary | | | | | |
| Appointee where nominee is a minor | | | | | |

3. EXTRA MOTOR VEHICLE COVER

Do you wish to insure for the following? Yes No

a) Political violence, sabotage, terrorism, strike, riot and civil commotion? (Amani +)

b) Flood, Typhoon, Hurricane, Volcanic Eruption and Earthquake?

DECLARATION

I/We declare that to my/our knowledge the answers and particulars given in this proposal are true and complete and 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 Cannon Assurance Ltd whose policy applicable to this insurance I/We agree to accept.

Date _____ Signature _____ Stamp

I/We hereby agree to accept this policy subject to the following restrictions:-

- a) The first ksh. _____ of each and every claim made under Section I and II and Theft Excess of Ksh. _____ to be paid by Me/Us.
- b) Subject to valid driving license at the time of accident.

THE LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED BY THE COMPANY AND THE FIRST PREMIUM PAID