



INTRA AFRICA ASSURANCE COMPANY LIMITED

(Incorporated in Kenya)

HEAD OFFICE

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BRANCH OFFICE

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COMMERCIAL VEHICLE PROPOSAL FORM.

Agency name: _____

1. SECTION 1: BUSINESS DETAILS

A. Full name of proposer _____

B. Pin number(please attach copy): _____

C. Certificate of Registration/Incorporation/ID/Passport
(Please Attach copy) _____

D. Contact Details:

Mobile: _____ Email: _____

Postal: _____ Code: _____ Town/City: _____

Web: _____ Fax: _____ Tel: _____

Occupation: _____ Address at which vehicle(s) is/are usually garaged: _____

2. Period of Insurance: From: _____ To: _____

3. The Vehicle(s)

Registered letters and numbers	Make	Type of Body	Cubic capacity/horse power	Date of manufacture	Engine or chassis number	Carrying Capacity		Proposer's estimate of the present value (Including Accessories)
						Passengers	Goods	
1.								
2.								
3.								

4. Ownership:

a. Are you the owner of the vehicle(s) and is it registered in your name? _____ Yes/No

If not, State Name and address of owners and of the persons in whose name the:

i. Vehicle(s) is registered: _____

ii. From whom purchased and Date: _____

iii. Is the vehicle(s) subject to any hire purchase agreement or any other lien? _____

5. The Driver(s):

a. 1). Do you have a provisional or permanent driving licence? _____

2). Date of issue of first permanent driving licences under Kenya or Tanzania Legislation: _____

3). Will anyone holding provisional license drive the vehicle? _____

b. Do you or any other person who to your knowledge will drive, suffer from defective hearing or from any physical infirmity? _____

c. Have you, or any other person who to your knowledge will drive, been convicted of any offence in connection with the driving of any motor vehicle? _____

d. Will anyone else drive the vehicle(s) except yourself? _____

6. Use of vehicle:

a. Will the vehicle(s) be used by you in connection with the carriage of your own goods? _____

b. Will you undertake carriage for other persons? _____

c. Will the vehicle(s) be used for the carriage of passengers? _____

d. Will the vehicle(s) be used as an Omnibus? _____

e. Will the vehicle(s) be used for the Private/Public Hire or matatu? _____

f. Will the vehicle(s) be used in connection with the Motor Trade? _____

7. Maintenance:

- a. Is the vehicle(s) present in thorough state of repair? _____
- b. Are the brakes in good working order and regularly examined? _____
- c. When was the Vehicle(s) last serviced and state how regularly such services are carried out and by whom? _____

8. Previous Experience:

- a. Give a record of all accidents and/or losses during the past five years in connection with any motor vehicle(s) owned or driven by you whether insured or un-insured including any outstanding claims.

TOTAL NUMBER OF ACCIDENTS AND LOSSES

Year	Total no. of vehicles owned by proposer	Total no. of accidents and losses	Outstanding/ Paid	Damage to proposers motor vehicles		Third Party		Other
				No.	Amount	No.	Amount	

- b. Are you now or have been insured in respect of any Motor Vehicle(s)? _____ Yes/No
If so, please state the name of Company or Underwriter: _____
- c. Has any Company or Underwriter ever:
 - i. Declined your proposal? _____ Yes/No
 - ii. Required an increase in premium or imposed condition? _____ Yes/No
 - iii. Cancelled your policy? _____ Yes/No
 - iv. Required you to carry the first portion of any loss? _____ Yes/No
 - v. Refused to renew your policy? _____ Yes/No
 If YES in any of the above, give details: _____
- 9. Type of policy Required: (Please cross out the three sections not required)
 - a. Comprehensive
 - b. Third Party, Fire and Theft.
 - c. Third Party, Material and Personal Damage
 - d. Third Party, Personal Injury (Act) only
- 10. Compulsory Excess: (Own Damage):
Fire and Theft: _____

Supplementary to the forming part of the proposal dated: _____

In the name of: _____

Make and registered Letters and Numbers of Vehicle: _____

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

- a. Excluding cover whilst the vehicle is being driven by a learner driver
- b. I/We confirm, that the entire insurance cover to be granted by you in respect of the above will not be valid unless at all material time the vehicle(s) is/are being driven by and is in charge of a person holding a valid appropriate Driving Licence issued in Kenya for continuous period exceeding one year immediately prior to all such material times.
- c. The first Kshs: _____ of each and every claim under all Sections to be paid by me/us.
- d. Additional excess of (i): Kshs:5,000/= or (ii): Kshs:5,000/= for each and every claim under all Sections of the policy to be paid by me/us in addition to the excess under section c above, if the vehicle is being driven at the time of the accident (I) more than 1 year but less than 2 years.

I/We desire to effect an insurance against risks as set forth above in terms of the policy used for class of business and I/We warrant that the above statement and particulars are correct and complete. I/We undertake that the vehicles to be insured shall not be driven by any person who to my/our knowledge has been refused any Motor Vehicle Insurance continuance thereof.

Date: _____ Proposer's Signature: _____

No liability is undertaken by the company until the proposal has been accepted by the company and the premium or deposit paid

IMPORTANT: ALL questions and Sub-section of Question MUST be answered fully and if the proposer is a firm or Private Company they must be read as also applying to each individual partner or member.

PREMIUM COMPUTATION (For office use)