

MOTOR CYCLE PROPOSAL FORM



AGENT/BROKER/DIRECT COVER NOTE NO.

PROPOSAL NO. POLICY NO.

CERTIFICATE/STICKER NO.

1. Name of Proposer(s) in full

2. Postal address Postal code

Telephone - Office House Mobile

Fax Email

3. Occupation

4. Period of insurance required from to

5. Scope of insurance cover required
 Comprehensive Third Party/Fire & Theft Third Party

Particulars of Motor Cycle(s) to be insured (Scheduled)

Make of motor cycle	Registration No.	Manufacturer's No.	cc	Date of manufacture	Purchase price to insured	Cost price when new	Date of delivery to Proposer	New or second-hand	Estimated present value (including accessories)
					(a) Cycle				
					(b) Sidecar				

6. Where is the motor cycle usually garaged?

7. When was the motor cycle last overhauled and by whom?

Date

Company

8. (a) Is the motor cycle your sole property? Yes No

(b) Has it been paid for in cash? Yes No

(c) Does a hire-purchase company have an interest in the motor cycle? Yes No

If 'Yes' give name and address

9. Do you intend using a side-car in conjunction with the motor cycle you now propose to insure? Yes No

10. Will the motor cycle be driven solely by you? Yes No

If not, state name or names of extra drivers

11. (a) What is the extent of your driving experience?
- (b) Do you or does any other person who to your knowledge will drive hold a provisional license? Yes No
- (c) For how long have you held a driving license?
- (d) When was it last renewed?
12. Have you, or any of the drivers detailed in Question 10 ever been charged with improper driving? Yes No
- If 'Yes' provide details
13. Will the motor cycle be used solely for private purposes? Yes No
- If not, state for what purpose it will be used
14. Have you, or any of the drivers detailed in Question 10 any physical defect or infirmity, or have you or they suffered from a fit of any kind? Yes No
- If 'Yes' provide details
15. Has any motor cycle owned by you ever sustained damage? Yes No
- If 'Yes' state number of accidents, approximate dates and amount of damage
16. Have any claims been made upon you in connection with a motor cycle? Yes No
- If 'Yes' state the number of claims, approximate dates and amount of claims
17. Have you ever proposed for Motor Cycle Insurance? Yes No
- If 'Yes' state company or underwriter
18. Has any company or insurer in respect of Motor Cycle Insurance ever
- (a) declined to insure you? Yes No
- (b) required special terms to insure you? Yes No
- (c) cancelled or refused to renew your insurance? Yes No
- (d) increased your premium on renewal? Yes No
- If 'Yes' to any of the above, give details
19. Do you desire to bear any portion of claims? Yes No
- If 'Yes' state amount
20. From whom was the motor cycle purchased?

PERSONAL ACCIDENT SECTION

1. Name of person to be insured in full
2. Age of person to be insured
3. Occupation/profession of person to be insured
4. Has the person any physical defect or infirmity? Yes No
- If 'Yes' provide details

5. Has the person at present any Personal Accident Policy? Yes No

If 'Yes' provide details

6. Has any company ever declined this person's Proposal or refused to renew their Policy? Yes No

If 'Yes' provide details

The liability of The Jubilee Insurance Company of Kenya Limited does not commence until the proposal has been accepted and the premium paid.

DECLARATION

I/We hereby warrant that the above statements and particulars are true and I/We have not suppressed, misrepresented or mis-stated any material fact. I/We agree that this declaration shall be the basis of the contract between me/us and The Jubilee Insurance Company of Kenya Limited, and I/We desire to insure with The Jubilee Insurance Company of Kenya Limited the vehicle or vehicles described in the above Proposal.

Date

Signature of Proposer