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PROPOSAL FORM (Commercial Vehicle Insurance - Vehicles upto 2 tons)

All questions MUST be answered in full. TICK appropriate boxes.

Branch:	Agent:	Policy No:
PROPOSER		
Surname:	Middle Name:	First Name:
ID No/Passport No.:	Nationality:	Date of Birth: DD: ___ MM: ___ YY: ___
PIN No:	Occupation:	
Telephone: (Residential)	Telephone: (Office)	Mobile:
Postal Address:		Postal code:
Physical address:		
Email:		
Trade/business of vehicle:		
Period of insurance required from	From:	To:
Age Band (individuals)	<input type="checkbox"/> 18yrs-21yrs <input type="checkbox"/> 22yrs-40yrs <input type="checkbox"/> 41yrs-69yrs <input type="checkbox"/> Above 70 years	

VEHICLE DETAILS

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5
Registration					
Make					
Type of body					
Year of make					
Chassis number					
Engine number					
Cubic capacity (CC)					
Tonnage					
No. of Seats					
Colour					
Date of purchase					
Name of the seller					
Estimated value (duty paid)					
Estimated value (free duty)					

COVER

7. What type of motor insurance cover do you require? **(Tick One)**

a) **Comprehensive:** **Rate**

(i) Gold Yes No 5.25% min **50,000** (Vehicles upto 2 tons)

(ii) Silver Yes No 5% min **35,000** (Vehicles upto 2 tons)

(iii) Standard Yes No 5% min **25,000** (Vehicles upto 2 tons)

b) **Third party fire and theft** Yes No

c) **Third party only** Yes No

2 (a) Are you the owner of the vehicle(s)? Yes No

(b) Is /Are the vehicle(s) registered in your name? Yes No

(Attach copy of the Log Book or importation papers (if motor vehicle not yet registered)

(c) If not, in whose name is / are they registered? _____

(d) Has custom duty been paid in full? Yes No

If not why? _____

3. a) Is a finance company or any other party financially interested in this vehicle? Yes No

b) If yes state name and Address _____

4. a) Is/are the vehicles fitted with an anti theft device(s)? Yes No

b) *If so, Attach certificate of installation*
(Please note an excess of 25% of value applies if not fitted)

5. 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 give details _____

6. If goods are to be carried, state the nature of such goods _____

7. (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

DRIVING EXPERIENCE

1. Do you / the person designated to drive hold a valid driving license? Yes No

If yes state class of license: A B C D E F G H

State date when license was attained: Year _____

2. Do you or does any person, who to your knowledge will drive

(a) suffer from defective vision or hearing? (a) _____

(b) suffer from any other infirmity which may affect your/his/their driving skills? Yes No

PREMIUM WORKOUT

		GOLD		SILVER		STANDARD	
		Rate	Premium	Rate	Premium	Rate	Premium
BASIC PREMIUM		4.8%		4.5%		4%	
EXTRAS	- Windscreen (extra limit)	10%		10%		10%	
	- Radio Cassette (extra limit)	10%		10%		10%	
	- Others	10%		10%		10%	
Sub Total							
Levies at 0.45%							
Stamp Duty							

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 held any material information and that the vehicle(s) described above is/are in good condition. I/we have also read and understood that this proposal and declaration shall be the basis of the contract between me/us and UAP Insurance Company Limited. I/we understand that the vehicle(s) described above will not be used for the conveyance of passengers or goods for hire or reward.

Date of completion of proposal form: _____

Name of the person completing proposal form _____

Proposer's signature: _____

UAP Insurance Company Limited

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