

Xplico Insurance Company Limited

P.O. Box 38106-00623 Nairobi, Kenya Park Place, 2nd Avenue Parklands, Off Limuru Road, Nairobi, Kenya

	+254 020 364 2000
į.	+254 700 111 999
\prec	info@xplicoinsurance.co.ke
	www.xplicoinsurance.co.ke

MOTOR PRIVATE/COMMERCIAL INSURANCE APPLICATION / PROPOSAL FORM

Name						А	ddress				Code		
	Business/Occupation						in no			ID No		<u>I</u>	
Tel	•	<u> </u>				N.	1obile			1.2.1.0			
iei						IV	IODIIC						
Description Of Vehicle													
Registration	ı					Make	Make						
Type of bod	dy					Year o	Year of manufacture						
Colour of ve	ehicle					Seatin	Seating Capacity						
Chassis No		Engine			Number				Cubic Ca	pacity			
Tick the sco	pe of co	ver requir	ed	☐ Comp	rehensive	□т	PF&T		TPO		·		
If cover required is comprehensive please Vehicle Kshs													
							Windscreen Kshs (Subject to valuation prior to loss/damage)						
						• •			or to loss/	damage)			
					R/Cassette Kshs. (Subject to valuation prior to loss/damage)								
State use of motor vehicle													
Have you been involved in a vehicle accident(s) Yes No (If yes,please give details)													
or theft whilst handling any motor vehicle in the last one year?													
Name of previous insurer													
Name of registered owner of this vehicle													
Is interest of any financier to be noted Yes No (If so,name of financier)													
on this policy													
Period of insurance required From / / To / /													
Please attach a copy of the log book and valid driving licence.													
Give details of anti-theft device(s) fitted													
(attach copy of certificate)													





DECLARATION

I/We warrant that the above statements are true, and that I/We agree that this proposal shall be the basis of the contract between Me/Us and XPLICO INSURANCE COMPANY LIMITED. I/WE agree to accept the Company's policy conditions applicable to the insurance. I/we agree that the insurance will only attach when the premiums are paid to XPLICO INSURANCE COMPANY LIMITED and a receipt by XPLICO INSURANCE COMPANY LIMITED issued in support. I/we agree where the agent/intermediary signs the proposal form on behalf of the proposer, it will be taken that the agent represents the proposer and NOT XPLICO INSURANCE COMPANY LIMITED I/We agree that any non-disclosure or misrepresentation of any material fact or any untrue statements hereby now or in the future of this contract would make the contract void from inception.

Name of proposer:	Signature: ————
Date: / /	
Name of agent:	Signature:
Date: , ,	