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PRIVATE VEHICLE INSURANCE Proposal Form

Branch _____ Agency _____

PROPOSER

1. Full Name _____
Last Middle First
2. PIN No. _____ Occupation/Profession _____
3. Telephone No. Residential. _____ Mobile _____ Office _____
4. Postal Address _____ Code _____ Town _____ Email _____
5. Age Band (Individuals) 18yrs-21yrs 22yrs to 40yrs 41-69 yrs Above 70 yrs
- Period of Insurance required From _____ to _____

VEHICLE(S)

| Registration Number | Chassis Number | Engine Number | Make of Vehicle | Type of body | Cubic Capacity | Year of Manufacture | Proposer's estimate of present market Value(Including duty) |
|---------------------|----------------|---------------|-----------------|--------------|----------------|---------------------|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

6. Are you the owner of the above vehicle(s)? Yes No
If you are not the owner, state the name of the Owner and his/her address _____
(Attach a copy of the Log-book)
7. Is any Financial Institution or any other party financially interested in the vehicle? Yes No
If Yes please state Name & address _____
8. For what purpose will the vehicle be used?
 - Social, Domestic, Pleasure & Own Business? Yes No
 - For Carriage of passengers for Hire & Reward? Yes No
 - For Carriage of goods for Hire & Reward? Yes No
 - For Any other purpose (Specify _____)
9. Is any of the vehicles above a left hand drive? Yes No
*(An additional premium of 25% is applicable for Left hand drive cars)
10. (a) Has customs duty been paid in full in respect of the above vehicle? Yes No
*(Duty Clause is applicable if Custom Duty has not been paid in full)
11. Is/are the vehicle(s) fitted with anti-theft devices? (Provide copy of Installation certificate) Yes No
*(Theft excess of 25% of vehicle value is applicable if without anti-theft device)

DRIVING & CLAIM EXPERIENCE

12. Do you hold a valid Driving license? _____ Which Class of license? _____ Year License was attained? _____

13. Have you ever had a Motor Vehicle Accident or loss during the past Five years? Yes No
When _____ Nature of Accident _____ Estimated Amount of loss _____

14. Have you ever been convicted of any motoring offence? Yes No
If 'Yes' please provide
details _____

15. Have you been insured in respect of the above vehicle(s)? Yes No
If so, which Company? _____

COVER

What type of insurance cover do you require?

(a) Comprehensive? b) Third Party Fire & Theft? c) Third Party Only?

Extra Benefits available at an additional premium (Comprehensive Vehicles only)

Additional Premium

1. Extra Windscreen Cover above Kes.30,000? Yes No Limit _____ 10% of the extra limit
2. Extra Radio Cassette Limit above Kes.30,000? Yes No Limit _____ 10% of the extra limit
3. Riot, Strike & Political violence - Yes No Additional premium of 0.25% of vehicle value
4. Car Hire-Cash Benefit up to 20,000 ? Yes No Additional premium of 2,000/= per vehicle
(Available for vehicles above Kshs.1M)
5. Forced ATM withdrawal
 - Up to 10,000? Yes No Additional premium of 1,000/= per vehicle
 - Up to 7,500? Yes No Additional premium of 750/= per vehicle
4. Loss of spare wheel (Vehicles above 1M only)
 - Up to 10,000? Yes No Additional premium of 1,000/= per vehicle
 - Up to 7,500 ? Yes No Additional premium of 750/= per vehicle
5. Tracking Devices? Yes No Additional premium a) Stoic 15,000/= per vehicle
b) Traffilog 15,250/= per vehicle
6. AA Membership? Yes No Additional premium of 3,000/= per vehicle

DECLARATION

I/We Declare that to My/Our knowledge the answers and particulars given in this proposal are true and complete 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 UAP Insurance Company limited whose policy is applicable to this insurance, I/We agree to accept.

Date of completion of proposal: _____

Name of person completing proposal form: _____

Signature: _____

Signed by: _____

UAP Insurance Company Limited

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