

# MOTOR CLASS PROPOSAL FORM



**HEAD OFFICE:** Pacis Centre, 4th Floor Along Waiyaki Way P.O. Box 1870 - 00200, Nairobi, Tel: +254 20 4247000 / 4912000, Cell: +254 730 677000 / 0720 113 122, Email: info@paciskenya.com, Website: www.pacisinsurance.com

Agency \_\_\_\_\_

1. Name \_\_\_\_\_

2. Postal Address \_\_\_\_\_ Code \_\_\_\_\_ Residential Address \_\_\_\_\_

3. Telephone numbers Mobile \_\_\_\_\_ Office \_\_\_\_\_ Email \_\_\_\_\_

Are you a politically exposed? Yes  No

4. Trade or Occupation \_\_\_\_\_ PIN \_\_\_\_\_

5. How long have you been Driving / Riding? \_\_\_\_\_ License number? \_\_\_\_\_ Date Licensed \_\_\_\_\_

6. What class cover is required? Motor Private  Motor Commercial  Motor Cycle

7. Details of vehicle/Bike:	Vehicle/Bike 1	Vehicle/Bike 2	Vehicle/Bike 3
• Registration number			
• Make			
• Chasis			
• Engine number			
• Model			
• Body type			
• Year of make			
• Cubic capacity			
• Date of purchase			
• Sum insured			

8. Are you the owner? Yes  No  (attach copy of log book) Gender M  F

If not who is the owner? \_\_\_\_\_

9. What will the motor vehicle be used for?

Private Use  Commercial Use

Hire and Reward  Any other purpose  State \_\_\_\_\_

10. Type of cover required?

Auto plus  Basic comprehensive

Third Party Fire & Theft  T P O

11. Do you require cover for Windscreen Yes  No  Value \_\_\_\_\_

Radio cassette Yes  No  Value \_\_\_\_\_

12. Are you at present or in the past been insured for the risks proposed? Yes  No

Name of company \_\_\_\_\_ Period \_\_\_\_\_ policy No \_\_\_\_\_

13. Are you entitled to a No. claim Bonus Yes  No  (attach certificate)

14. Has any proposal or renewal been

Declined? Yes  No

Withdrawn? Yes  No

Charged an increased rate? Yes  No

Required special restrictions? Yes  No

15. Who is the principal driver of this vehicle(s)

If not insured: Name \_\_\_\_\_ How long driving? \_\_\_\_\_

Age \_\_\_\_\_ Date licensed \_\_\_\_\_

License No. \_\_\_\_\_

16. Give particulars of all accidents or losses over the past three years involving you or any other persons who to your knowledge will be driving the vehicle

Claim Type	No	Amount	No	Amount	No	Amount	Year of Loss/Claim
Own Damage							
Third Party							
Fire or Theft							
Any other loss							

17. Period of insurance from \_\_\_\_\_ to \_\_\_\_\_

I/We declare that to my knowledge that the answers and particulars given in this proposal are true and complete and that I have not held any material information and that the vehicle(s) descr

Signature \_\_\_\_\_ Date of Completion \_\_\_\_\_

Name of person signing form \_\_\_\_\_