

7. CLAIMS RECORD

Give here below record of accidents/losses during the last three years in connection with any motor vehicles(s) owned or used by you.

Year	Total No. of Motor Vehicles And/or Cycles Owned	Total No. of Accidents and Losses	Damaged to Proposer's Vehicle and/or cycles	Third Party	Others
			AMOUNT	AMOUNT	AMOUNT

8. Previous Experience

(a) Are you now or have been insured in respect of any motor vehicle?

Yes No

If yes give details of registration marks and name of insurance company.....

Policy No.

(B) Has any company in respect of any other person who will drive, ever

	Yes	No.
(i) Declined your proposal?	<input type="checkbox"/>	<input type="checkbox"/>
(ii) Cancelled or refused to renew your policy?	<input type="checkbox"/>	<input type="checkbox"/>
(iii) Required an increased premium	<input type="checkbox"/>	<input type="checkbox"/>
(iv) Required you or them to bear the first portion of any loss or imposed any other special conditions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

9. No Claims Discount

Are you entitled to a no claim Discount from your previous insurers in respect of any of the vehicles described in the proposal? Yes No

If yes please attach proof

10. Extra Benefits

Do you wish to insure for the following?

	Yes	No	Limit.....
a) Windscreen.....	<input type="checkbox"/>	<input type="checkbox"/>
b) Radio Cassette	<input type="checkbox"/>	<input type="checkbox"/>	Limit.....
c) Strike, riot and civil Commotion?	<input type="checkbox"/>	<input type="checkbox"/>	Limit.....
d) Flood, Typhoon, Hurricane, Volcanic Eruptions, Earthquake, or other Convulsion of nature	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
e) Legal liability of passengers	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, state number of passenger			
f) Any other (please specify)			

DECLARATION

I/We declare that to my/our knowledge the answers and particulars given in the proposal are true and complete and that. I/We have not withheld any material information and that the vehicle(s) described is/are in good whose policy applicable to condition. I/We further agree that this proposal and declaration shall be the basis of the contract between me/us and AMACO whose policy applicable to this insurance. I/We agree to accept.

Date Proposer's Signature.....

Company Rubber Stamp

THE LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED BY THE COMPANY AND THE FIRST PREMIUM PAID



AFRICA MERCHANT ASSURANCE COMPANY

“SERVICE BEYOND THE OBVIOUS”

Broker/Agent:

COMMERCIAL MOTOR CAR INSURANCE
PROPOSAL FORM

Head Office: 2nd floor Transnational Plaza, Mama Ngina Street P.O Box 61599-00200, Nairobi. Tel: 020 312121
Fax: 020 340022

EABS Chambers: 5th floor chambers EABS Building Tom Mboya Street, P.O Box 61599-00200, Nairobi, Kenya. Tel: 020 318231
Fax: 020 343424.

Afya Centre: 9th floor Afya Building, Tom Mboya Street P.O Box 61599-00200, Nairobi, Kenya Tel: 254(0)20 315382
Fax: 254(0)20 315360

Mombasa: 2nd floor Ca nnon Towers II Bandari Wing, Moi Avenue P.O Box 98194 Mombasa. Tel: 041 2230121/2229029
Fax: 041-231099

Eldoret: 3rd floor KVDA Plaza Oloo Street Eldoret. P.O Box 8400 Eldoret. Tel: 053-2062470, Fax: 053 2062343

Kisumu: 5th floor Re-insurance Plaza Oginga Odinga Road, P.O Box 1192 Kisumu. Tel: 057 2021835. Fax: 057 2020817

Nakuru: 1st floor Mache Plaza, Kijabe Row P.O Box 34 Nakuru, Tel: 051 2216218/2216460. Fax: 051 2213629

Nyahururu: 2nd floor Olympia Plaza Koinange Street. P.O Box 90 Nyahururu. Tel: 065 22186 Fax: 065 32518

Kitale: Victor House 1st floor, next Vision Building. P.O Box 4450-30200 Kitale, Kenya, Tel: (054) 31891 Fax: (054) 31892

Kisii: Uhuru Plaza 2nd floor, Kisumu Road P.O Box 1198 Kisii, Tel: 058-31722, Fax: 058 31723

Kericho: 3rd floor Isan Building, Temple Road. P.O Box 488 Kericho, Tel: 05220216, Fax: 052 20217

Bungoma: 2nd floor Room 118, Teachers Sacco Plaza Moi Avenue, P.O Box 1390 Bungoma. Tel: 055 30655-30654

Malindi: Malindi Complex, Room 17 Lamu Road. P.O Box 511 Malindi, Tel: 042 20409

Kapsabet: 1st floor KCB Building, P.O Box 28 Kapsabet, Tel: 053 52477, Fax: 053 52478

Migori: Riziki Plaza, Ground Floor, P.O Box 1133 Suna. Tel: 059 20816, Fax: 059 20815

Thika: Thika Arcade, 2nd floor P.O Box 4265 Madaraka Thika. Tel: 067-21740, Fax: 067-21741

Meru: Twin Plaza, Ghana Road, Suite 9, P.O Box 1620-60200, Meru, Kenya. Tel: 064-31783, Fax: 064-31784

Nyeri: NCDU House, 3rd Floor Gakere Road, P.O Box 2509 Nyeri, Kenya. Tel: 061-2032156, Fax: 061-2032157

Website: www.amaco.ke

IMPORTANT:- The purpose of this proposal form is to provide the Company with all the material information that is likely to influence the assessment of your proposal. When completing the proposal form or having your agent complete it for your signature, you should complete all questions fully (dashes are not sufficient). Where you are in doubt as to whether a particular place of information is material, you should include it. Failure to disclose all facts may invalidate the cover under your policy. It is an offence to make a false statement or withhold any material information for the purpose of obtaining a certificate of Motor Insurance. Please also initial any alterations.

1. The Proposer

- (a) Name of proposer (in full)
(Please use Block letters)

- ID No./Passport No.

- Pin No.

- (b) Postal Address: P.O. Box Code Town

- Telephone Number Fax No.

- Mobile Phone Email Address

- (c) Physical Address:

- (d) Age (not applicable to firms)

- (e) How long have you held a driving license?

- (f) Precise business or profession (including part time if any)

 - i) Incase of firm-contact person
 - ii) If you are an AMACO client provide your No

2. **Period of Insurance:** From To

3. **Type of policy required:** a) Comprehensive b) Third party Fire & Theft c) Third Party

4. Particulars of vehicles (s) to be insured

Reg. Mark (S)	Make/ Mode	Type of Body	Engine No Chassis No	Year of Manf.	Cubic Capacity	Seating Capacity	Max. Carrying	Insured's Estimate of Present Value of Vehicle Accessories and (including spare parts)

- (b) Give details of Anti-theft device(s) fitted (Attach a copy of certificate)

- (c) State if vehicle(s) is/are and will be well maintained and kept in thorough state of repair.....

- (d) Address where vehicle(s) is/are normally garaged.....

- (e) Area in which Vehicle(s) is/are normally used

(f) Is there any financier's interest in the vehicle(s) Yes No

If yes give detail

(g) Is the vehicle registered in your name? Yes No

If no give details.....
(NB: Please attach copy of the logbook)

(h) Have the vehicles(s) been altered or adapted to carry a load heavier than that permitted by the makers Specification? Yes No

If yes, Please give details

- (i) Is the vehicle
 - (i) Reconditioned
 - (ii) Used ex Japan/Dubai (Others – Please specify)

5. Use of vehicle

(a) State fully the purpose for which vehicle(s) will be used	Yes	No
(i) Carriage of own goods	<input type="checkbox"/>	<input type="checkbox"/>
(ii) Carriage of goods for hire and reward	<input type="checkbox"/>	<input type="checkbox"/>

(b) State the nature of goods carried

(c) Will a Trailer be attached to the vehicle(s) Yes No

If yes please state

- (i) How many to each vehicle
- (ii) Value of each
- (iii) Maximum carrying capacity of each
- (iv) Registered Marks(s)

6. About the Drivers

(a) Do you or any other person who to your knowledge will drive the proposed vehicle(s)
(i) Suffer from defective vision or hearing from any physical mental infirmity or disease?
Yes No

If yes give details

(ii) Been convicted during the past five years with any offence in connection with driving of any motor vehicle(s)?
Yes No

If yes give details

(b) Give details of the driving experience of all persons who will drive the proposed vehicle.

Name	Age	Occupation	Date of Issue of License