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MOTOR COMMERCIAL PROPOSAL FORM.

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 piece of information is material you should include. Failure to disclose all facts may invalidate the cover under your Policy. It is an offence to make false statement or withdraw 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 fill)
 (Please use block letters)

I.D No/Passport No.:.....

Pin No.

b) Postal Address: P.O Box CodeTown
 Telephone Number Fax No
 Mobile Phone E-Mail 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 INVESCO 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. a) Particulars of Vehicles to be insured

Reg. Mark(s)	Engine No./Chassis No.	Make/Model	Type of Body	Year of Manf.	Max. Carrying Capacity	Seating Capacity including Driver	Insured's Estimate of Present Value of Vehicle (including Accessories and Spare Parts)

b) Give details detail of Anti-Theft device(s) fitted (Attach a copy of certificate)
 c) State if Vehicle(s) is/are and will be maintained and kept in a thorough state of repair

.....
 d) Address where Vehicle(s) is/are garaged

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

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

If yes, give details

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

If no, give details

(NB: Please attach copy of the Logbook)

h) Have the Vehicle(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 purposes for which the Vehicle(s) will be used

(i) Carriage of own goods Yes No

(ii) Carriage of goods for hire and reward Yes No

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 Mark(s)

6. About the Drivers

a) Do you or any person who to your knowledge will drive the proposed vehicle(s)

(i) Suffer from defective vision or hearing or 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

7. CLAIMS RECORD

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

Year	Total No. of Motor Vehicles and/or Cycles owned	Total No. of Accidents and Losses	Damage to Proposer Vehicle and/or Cycle	Third Party	Others
			Amount	Amount	Amount

8. Previous Insurers

a) Are you now or have you been insured in respect of any Motor Vehicle?

Yes No

If yes, please state Registration Marks and name of Insurance Company

.....
.....

Policy No.:

b) Has any Company either in respect you or your Partners ever:-

(i) Declined your or their proposal Yes No

(ii) Cancelled or refused to renew your policy Yes No

(iii) Required an increased premium Yes No

(iv) Required you or them to bear the first portion of any loss or imposed any other special conditions?

Yes No

9. No claim 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 attach proof.

10. Extra Benefits

Do you wish to insure for the following?

a) Windscreen..... Yes No Limit.....

b) Radio Cassette Yes No Limit.....

c) Strike, riot and civil commotion? Yes No

d) Flood, Typhoon, Hurricane, Volcanic Eruption, Earthquake or other convulsion of nature?

Yes No

e) Legal liability of Passengers

Yes No

If yes, state number of passengers

f) Any others (please specify)

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 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 INVESCO INSURANCE CO. LTD. 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.

IMPORTANT NOTES:

- *The liability of the Company does not commence until the proposal has been accepted and the first premium paid*

- *Please remember to keep a copy of this Proposal for your records.*