



MAYFAIR INSURANCE COMPANY LIMITED
8TH FLOOR MAYFAIR CENTRE, RALPH BUNCHE ROAD
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MOTOR CYCLE INSURANCE PROPOSAL FORM

N.B. All questions must be answered in full. Dashes are not acceptable. Please use BLOCK letters or tick as applicable.

Name of Agent/Broker _____

PARTICULARS OF THE PROPOSER

Name of the proposer (in full) _____

Postal Address P.O. Box _____ Town _____

Telephone _____

Profession or Occupation (Nature of business) _____

Period of Insurance From _____ To _____

PIN Number (Attach copy of certificate) _____

PARTICULARS OF THE VEHICLES TO BE INSURED

Registration Number	Make	Cubic Capacity	Year of Manufacture	Maker's Number	Seating capacity of sidecar (if any)	Proposer's estimate of present value including sidecar, standard accessories and spareparts

TYPE OF COVER

Please tick as required

Comprehensive Third Party Fire and Theft Third Party Only

Note: For Comprehensive and Third Party Fire and Theft, the basis of settlement is the 'market value'. This should be taken in to account when deciding the sum insured.

OWNERSHIP DETAILS

1. Date of purchase of motor cycle by you? _____

2. Was it new or second hand? _____

3. Price paid _____

4. Are you the owner of the vehicle? YES NO

- | | | |
|---|------------------------------|-----------------------------|
| 5. Is it registered in your name? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. If not in whose name is it registered? _____ | | |
| 7. Is there any hire purchase agreement on the vehicle? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8. If yes, please state their name and address _____ | | |

USE OF THE VEHICLES

- | | | |
|--|------------------------------|-----------------------------|
| 1. Will the motor cycle be used exclusively for pleasure purposes? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. If not, state exactly for what purpose? _____ | | |
| 3. Will passengers be carried in the side car? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. If no side car, will passengers be carried? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

PARTICULARS OF THE DRIVERS

- | | | |
|---|------------------------------|-----------------------------|
| 1. Have you or any other person who to your knowledge will drive been: | | |
| (a) Driving a motor cycle for less than 2 years? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (b) Convicted of any offence in connection with the driving of any motor vehicle? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (c) Suffering from defective vision or hearing or any physical infirmity of any kind which may affect his/her driving skills? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

If the answer to any of the above is yes please give details

- | | | |
|--|------------------------------|-----------------------------|
| 2. Do you or any other person who will drive the motor cycle have a current driving licence issued in Kenya? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|--|------------------------------|-----------------------------|

SAFETY MEASURES

- | | | |
|--|------------------------------|-----------------------------|
| 1. State area where the motor cycle is normally used _____ | | |
| 2. Is the motor cycle normally garaged in a building at your premises overnight? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Are any anti-theft devices fitted to your motor cycle? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. If so, give: (a) Make of device _____ (b) Type of device _____ | | |

PARTICULARS OF INSURANCE

- | | | |
|---|------------------------------|-----------------------------|
| 1. Are you now or have you been insured in respect of any motor vehicle/motor cycle?
If so, please state the name of the company or underwriter and Policy No. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Has any company or underwriter ever: | | |
| (a) Cancelled or refused to renew your policy? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (b) Declined to insure you? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (c) Imposed any special term? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (d) Repudiated any claim? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

If the answer to any part of question 2 is yes, please give details _____

CLAIMS EXPERIENCE

Have you ever suffered a loss in connection with any motor vehicle/motor cycle owned or operated by you

YES

NO

If yes, please give the details as under for the last three years

Year	Total No. of Vehicles	Total No. of Accidents	Cost(paid or estimated)	Type of accident Own damage/Third party injury etc
1				
2				
3				

CLAIMS EXPERIENCE

Are you entitled to any No Claims Discount?

YES

NO

If so, for how many years? _____

Please attach last renewal notice

THE FOLLOWING EXTENSIONS ARE AVAILABLE ON PAYMENT OF ADDITIONAL PREMIUM

Please tick as required

1. Riot, strike and civil commotion

YES

NO

2. Flood, typhoon, hurricane, volcanic eruptions, earthquake and other convulsions of nature

YES

NO

IMPORTANT NOTICE

THE POLICY ISSUED WILL AUTOMATICALLY BE SUBJECT TO THE FOLLOWING

1. PAIR AND SETS CLAUSE

In the event of loss or damage to any articles forming part of a pair or set, the Company shall not be liable for more than the value of the particular part or parts which may be lost or damaged without reference to any special value which such parts may have as forming a pair or set but in any event not exceeding an appropriate part of sum insured in respect of the pair or set.

Subject otherwise to the terms, conditions and exemptions of this policy.

2. AVERAGE CLAUSE

It is hereby understood and agreed that the Sum Insured under this policy is the Insurance Company's maximum liability under section 1 of this policy, and it also represents Insured's Estimate of the vehicle's Market Value. If however at the time of the accident or incident giving rise to a valid claim under Section 1, the market value of the vehicle is greater than the sum insured, then the company's liability will be limited to that proportion of the loss, as the sum insured bears to the market value.

3. ANTI-THEFT DEVICE WARRANTY

It is a condition of the Policy that if any vehicle valued at KShs 500,000 and over is covered herein, such vehicle must be fitted with an approved anti-theft device and a proof in respect thereof be produced to the Company. In the absence of such anti-theft device and proof, theft cover will be deemed to be deleted from the scope of the Policy.

DECLARATION

I/We hereby disclose that the statements made by us in this questionnaire & proposal are, to the best of my/our knowledge and belief, complete and true and I/we hereby agree that this "Questionnaire & Proposal" forms the basis and is part of any policy issued in connection with the above vehicle(s). It is agreed that the insurers are liable in accordance with the terms of the policy only and that the insured will not lodge any other claims of whatsoever nature.

The insurers undertake to deal with this information in strict confidence.

Further, I/we do hereby accept the following restrictions of cover.

- (a) Compulsory Excess: 5% of the insured's estimated value or KSh 10,000, whichever is higher
- (b) Theft Excess : 10% of the insured's estimated value or KSh 10,000 – whichever is higher
- (c) New and young drivers Excess: KSh 5,000

PROPOSER'S SIGNATURE _____ DATE _____

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

FOR OFFICIAL USE ONLY

Branch Manager/Authorise Person(s) signature _____ DATE _____