



OCCIDENTAL INSURANCE COMPANY LIMITED

Crescent Business Centre, 7th Floor, Parklands Road, Parklands,
 P.O. Box 39459-00623, Nairobi, Kenya,
 Tel: 020-815595/6, 8024149,
 Fax: (254-2) 3750193.
 Website:www.occidental-ins.com

AGENCY

PROPOSAL FORM FOR MOTOR CYCLES

Full Name of proposer (in block letters).....

Address (in block letters)

Profession or Occupation.....

TERM OF INSURANCE REQUIRED formonths.From.....Until.....

Registration Mark and Numbers	Makers's No.	Make of Motor Cycle. State if side car or other attachment will be used	Cubic Capacity of engine in cubic centimeters	Year of Manufacture	Seating Capacity of sidecar (if any)	Proposer's estimate of value including sidecar accessories and spare parts

1.	(a) Will Motor Cycle be used exclusively for pleasure purposes?..... (b) If not, state exactly for what purpose it will be used.....	(a)..... (b).....
2.	Are you the owner of the motor cycle and is it registered in your name?..... (if not, state the name and address of owner of the person in whose Name the Motor Cycle is registered).....	
3.	State in which East African territories the Motor Cycle(s) are normally Garaged and used.....	
4.	Delete insurance NOT required	(a) Comprehensive (c) Full Third Party (b) Third Party Fire and Theft (d) Ordinance
5.	(a) Date of purchase by you of Motor Cycle and Sidecar (If any).... (b) Whether new (c) Price paid.....	(a)..... (b)..... (c).....
6.	(a) Will passengers be carried otherwise than in the side car?..... (b) If no sidecar is attached will passengers be carried?.....	(a)..... (b).....
7.	(a) Will motor cycle be driven SOLELY by you?..... (b) If not by whom?.....	(a)..... (b).....
8.	Do you, or does any other person who to your knowledge will drive, Suffer from defective vision or hearing or from any physical infirmity?	
9.	Have you, or has any other person who to your knowledge will drive, been Convicted during the past five years of any offence in connection with any Motor Vehicle or is any prosecution pending?.....	
10.	How long have you been driving Motor Vehicle continuously?.....	
11.	Are you now or have been insured in respect of any motor vehicle? If so, please state name of company or underwriter.....	
12.	(a) Are you entitled to a " No Claim Bonus"?..... (b) If so, with which company were you previously insured?.....	(a)..... (b).....
13.	Has any other company or underwriter ever: (i) Declined your proposal?..... (ii) Required you to take the first portion of any loss or impose other special conditions?..... (iii) Required an increased premium?..... (iv) Refused to renew or cancelled your policy?.....	(i)..... (ii)..... (iii)..... (iv).....

14. Give record of Accidents and /or losses during the past five years in connection with any motor cycle owned or driven by you whether insured or uninsured including any claims outstanding;

	Total Number of Motor Vehicles Owned by proposer	Total Number Of accidents And losses	Damage to Motor vehicles Owned or driven by proposer				Third Party				Others			
			Paid		Outstanding		Paid		Outstanding		Paid		Outstanding	
			No.	Amount	No.	Amount	No.	Amount	No.	Amount	No.	Amount	No.	Amount
20														
20														
20														
20														
20														

NOTE:

Please give a definite answer to each question.
 Ticks and dashes are not accepted as answers.

15.	If you wish to bear first part of Cost of each claim, state amount Clauses (a) and (b) of Policy Benefit 2 only Shs..... See Prospectus	Deduct	% of A	A	
16.	If more than one Motor Cycle to be insured - state number in use at a time.....	Deduct	% of B		B
	BONUS - If no claim during previous year	Deduct	% of C		C
				Stamps	
				TOTAL SHS.	

I / We warrant that the above statements and particulars are true, I/ We hereby agree that this declaration shall be held to be promissory and shall form the basis of the contract between my / us and the above named Company, and I / We Undertake that the Motor Cycle or Motor Cycles to be insured shall not be driven by any person who to my/ our Knowledge has been refused any motor vehicle insurance or continuance thereof, and I / We hereby apply for and agree accept a policy as designated above subject to the terms, exceptions and conditions prescribed by the company therein.

Date this.....day of.....20.....

Proposer's Signature.....