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PRIVATE VEHICLE INSURANCE PROPOSAL FORM

Branch:	Agent:	Policy No:
PROPOSER		
Full Name:		
ID No/Passport No.:	Nationality:	
PIN No:	Occupation:	
Telephone: (Residential)	Telephone: (Office)	Mobile:
Postal Address:		Postal code:
Physical address:		
Email:		
Trade/business of vehicle:		
Period of insurance required from	From:	To:
Age Band (individuals)	<input type="checkbox"/> 18yrs-21yrs <input type="checkbox"/> 22yrs-40yrs <input type="checkbox"/> 41yrs-69yrs <input type="checkbox"/> Above 70 years	

VEHICLE(S)

Registration Number	Chassis Number	Engine Number	Make of Vehicle	Cubic Capacity	Year of Manufacture	Proposer's estimate of present value (Including duty)

1.	Are you the owner of the above vehicle(s)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If you are not the owner, state the name of the owner and his/her address (Attach a copy of the log-book)	
	Name & Address:	
2.	Is any Financial Institution or any other party financially interested in the vehicle?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If Yes, please state Name & Address:	
3.	For what purpose will the vehicle be used?	
	Social, Domestic, Pleasure & Own Business?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	For Carriage or passengers for Hire & Reward?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	For Carriage of goods for Hire & Reward?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	For Any other purpose (Specify):	
4.	Is any of the vehicles above a left hand drive? *(An additional premium of 25% is applicable for Left hand drive cars)	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.	Has customs duty been paid in full in respect of the above vehicle(s)? *(Duty Clause is applicable if Custom Duty has not been paid in full)	Yes <input type="checkbox"/> No <input type="checkbox"/>
6.	Is/are the vehicle(s) fitted with anti-theft devices? (Provide a copy of installation certificate) *(Theft excess of 25% of vehicle value is applicable if without anti-theft device)	Yes <input type="checkbox"/> No <input type="checkbox"/>

DRIVING & CLAIM EXPERIENCE

7. Do you hold a valid Driving license? _____ Which Class of license? _____ Year License was attained? _____
8. Have you ever had a Motor Vehicle Accident or loss during the past Five years? Yes No
When _____ Nature of Accident _____ Estimated Amount of loss _____
9. Have you ever been convicted of any motoring offence? Yes No
If 'Yes' please provide details _____
10. Have you been insured in respect of the above vehicle(s)? Yes No
If so, which Company? _____

COVER

What type of insurance cover do you require?

- (a) Comprehensive? (b) Third Party Fire & Theft? (c) Third Party Only?

Extra Benefits available at an additional premium (Comprehensive Vehicles only)

Additional Premium

1. Extra Windscreen Cover above Kes. 30,000? Yes No Limit _____ 10% of the extra limit
2. Extra Radio Cassette Limit above Kes. 30,000? Yes No Limit _____ 10% of the extra limit
3. Riot & Strike? Yes No Additional premium of 0.25% of vehicle value
4. Political violence? Yes No Additional premium of 0.45% of vehicle value
5. Car Hire-Cash Benefit up to Kes. 20,000? Yes No Additional premium of 2,000/= per vehicle
Yes No (Available for vehicles above Kes.1M)
6. Forced ATM withdrawal
• Up to 10,000? Yes No Additional premium of 1,000/= per vehicle
• Up to 7,500? Yes No Additional premium of 750/= per vehicle
7. Loss of spare wheel (Vehicles above Kes. 1M only)
• Up to 10,000? Yes No Additional premium of 1,000/= per vehicle
• Up to 7,500? Yes No Additional premium of 750/= per vehicle
8. Tracking Devices? Yes No Additional premium of 25,000/= per vehicle
9. AA Membership? Yes No Additional premium of 4,000/= per vehicle

DECLARATION

I/We Declare that to My/Our knowledge the answers and particulars given in this proposal are true and complete 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 UAP Insurance Company limited whose policy is applicable to this insurance, I/We agree to accept.

Date of completion of proposal: _____

Name of person completing proposal form: _____

Signature: _____

Signed by: _____

UAP Insurance Company Limited

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