

8. Previous experience

(a) Are you now or have you been insured in respect of any motor vehicle? Yes No

If yes, give details of registration marks and name of Insurance Company

(b) Has any insurance company 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 or imposed special condition?	<input type="checkbox"/>	<input type="checkbox"/>
(iv) Required you or such person to carry the first amount of any loss?	<input type="checkbox"/>	<input type="checkbox"/>

(c) 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, whether insured or uninsured.

Date of Accident	Cost	Brief details of the Accident

(d) Are you entitled to a No-Claim discount from your previous Insurers in respect of any of the Vehicle(s) describe in the proposal? Yes No
(Note; If yes please attaché proof)

9. Extra Benefits

Do you wish to insure for the following?

(a) Windscreen.....	<input type="checkbox"/>	<input type="checkbox"/>	Limit.....
(b) Radio Cassette.....	<input type="checkbox"/>	<input type="checkbox"/>	Limit.....
(c) Strike, riot and civil commotion?	<input type="checkbox"/>	<input type="checkbox"/>

DECLARATION

I/We declare that to the best of my/our knowledge the answers and particulars give in this proposal are true 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 AMACO whose policy applicable to this insurance I/We agree to accept.

Date:..... Proposer's Signature.....

I/We, hereby agree to accept this policy subject to the following restrictions:-

- (a) The first Shs. 2.5% of value min 10,000 of each and every claims under Section 1 and Theft Excess of Shs. 10% or 20% without anti-theft device min. 20,000/= to be paid by Me/Us.
- (b) Subject to valid driving license at the time of accident.

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



AFRICA MERCHANT ASSURANCE COMPANY

“SERVICE BEYOND THE OBVIOUS”

Broker/ Agent:

PRIVATE MOTOR CAR INSURANCE
PROPOSAL FORM

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

EABS Chambers: 5th Floor Chambers EABS Building, Tom Mboya Street, P.O. Box 61599-0200, Nairobi Kenya Tel: 020 318231 Fax. 020 343424

Afya Centre: M2 Afya Building, Tom Mboya Street, P.O. Box 61599-00200, Nairobi, Kenya Tel:254(0)20 315352 Fax: 254(0)20 315360

Mombasa: 2nd Floor Cannon Towers II Bandari Wing, Moi Avenue, P.O. Box 98194 Mombasa Tel: 041 223012/2229029 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 20208817

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

Nyahururu: Olympia Plaza, 2nd Floor-Koinange Street P.O. Box 90, Nyahururu Tel:065-2216486 Fax:065 32518

Kitale: Victor House 1st Floor Next to 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: 052 20216, Fax: 052 20217

Bungoma: 2nd Floor Room 118, Teachers Sacco Plaza, Moi Avenue P.O. Box 1390 Bungoma Tel: 055 30655/4

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 31783 Fax 064 31784

Nyeri: NCDA House, 3rd Floor Gakere Road, Nyeri Tel: 061 2032156 Fax 061 2032157

Website: www.amaco.co.ke

Email: info@amaco.co.ke

IMPORTANT:- The purpose of this Proposal form is to provide the company with all 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 to whether a particular place of information is material, you should include it. Failure to disclose all facts will 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)
I.D 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) In case of firm – contact person:.....
- ii) If you are an AMACO client provide your Policy No.

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

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

4. Particulars of Vehicle(s) to be insured
(a)

Reg. Mark (s)	Make/ Model	Type of Body	Engine No. Chassis No.	Year of Manf.	Cubic Capacity	Seating Capacity	Date Purchased	Insured's Estimate present Value of Vehicle (Including Accessories and spare parts)

Please attach a copy of the logbook

- (b) Give details of Anti-theft device(s) fitted (Attach a copy of Certificate).....
- (c) Is any of the Vehicle(s) proposed a left hand drive model? Yes No
- (d) Is there a local dealer for the particular model of vehicle (s) proposed? Yes No
- (e) Has the car been converted, adopted or modified in any way? Yes No
If yes, give detail.....
- (f) Is the Vehicle
- (i) Reconditioned?
- (ii) Used ex-Japan/Dubai (others - Please specify)

- (g) Is the vehicle usually kept overnight?
- (i) In a locked garage Yes No
- (ii) In the open at your premises? Yes No
- (iii) Elsewhere? Yes No

If yes give details.....
(NB: Please attach copy of the logbook)

5. Ownership

(a) Are you the owner of the vehicle and is it registered under your name? Yes No

(If not, state name and address of owners and of persons in whose name is the vehicle registered)

(b) Is there any Financiers' interest on the vehicle(s)?

6. The Driver(s)

Do you or any other person who to your knowledge will drive the proposed vehicle

(a) Suffer from defective vision or hearing or from any physical mental infirmity or disease?

Yes No

If yes give details.....

(b) 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.....

(c) Names of persons to drive the proposed vehicle(s) (Compulsory)

Name	Age	Occupation	Date of Issue of License

Note: On named driver a discount on premium is applicable

(d) Do you or does any other person who to your knowledge will drive, hold a provisional Learners License?

Yes No

If yes, Please note policy restriction will apply

7. Use of vehicles

- (a) Will the vehicle be used
- (i) Solely for social and domestic purposes? Yes No
- (ii) For the purpose of your own or employer's business? Yes No
- (iii) For carriage of fare paying passengers or goods for hire or reward? Yes No
- (iv) For any other purposes? Yes No

If yes, give details.....