



A New Dimension in Insurance

COMMERCIAL VEHICLE PROPOSAL FORM

Head Office

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BRANCH OFFICES

City Center | Nakuru | Kisumu | Mombasa | Nyeri | Thika | Embu | Meru | Naivasha | Kisii | Eldoret | Machakos | Uganda

(Please use Block letters)

Issuing Branch _____ Agency/Broker _____

Name (in full): First Name _____ Other Names _____

If a Company, Name _____

Postal Address _____ Postal Code _____

Town _____ Tel. No.: Land line _____ Mobile _____

Trade or Business _____ Email _____

P.I.N. No. _____

Period of Insurance: From _____ To _____

Physical address _____

Age (not applicable to firms) _____

How long have you held a driver's license? (not applicable to firms) _____

Type of Policy required: a) Comprehensive b) Third party fire & theft c) Third party

1. Particulars of vehicle to be insured	Vehicle 1	Vehicle 2	Vehicle 3
Reg. mark(s)			
Engine No.			
Chassis No.			
Make/Model			
Type of Body			
Year of manufacture			
Maximum carrying capacity			
Seating capacity including driver			
Insured's estimate of present value including accessories			

(a) Give details of Anti-theft device(s) fitted (Attach a copy of certificate) _____

(b) State if Vehicle(s) is/are and will be well maintained and kept in a thorough state of repair _____

(c) Address where Vehicle(s) is/are usually garaged _____

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

(e) Is there any financiers' interest in the vehicle(s)? Yes No
 If yes, give details _____

(f) Is the vehicle registered in your name? Yes No
 If no give details _____

(NB: Please attach copy of the Logbook)

g) 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 _____

(h) Give details of Tracking System /Fleet Management system fitted (attach copy of certificate)

2. Use of Vehicle

(a) State fully the purposes for which the Vehicle(s) will be used Yes No
 (i) Carriage of own goods
 (ii) Carriage of goods for hire and reward

(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) _____

3. About the Drivers

(a) Do you or any other 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

4. 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's Vehicle and/or Cycles	Third Party	Others
			Amount	Amount	Amount

5. 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 of 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

6. No Claims 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.

7. Extra Benefits

Do you wish to insure for the following?

	Yes	No	Limit
a) Windscreen	<input type="checkbox"/>	<input type="checkbox"/>	_____
b) Radio Cassette	<input type="checkbox"/>	<input type="checkbox"/>	_____
c) Strike, riot and civil commotion?	<input type="checkbox"/>	<input type="checkbox"/>	_____
d) Flood, Typhoon, Hurricane, Volcanic Eruption, Earthquake, or other convulsion of nature? Yes <input type="checkbox"/> No <input type="checkbox"/>			
e) Legal liability of passengers? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, state number of passengers _____			
f) Any others (Please specify) _____			

8. Political Violence, Terrorism and Sabotage (This cover is recommended)

Do you wish to have your motor vehicle covered against the risks above? Yes No

DECLARATION

I/We hereby propose to effect an insurance with APA Insurance Ltd and warrant the truth and correctness of all of the above statements to the best of my/our knowledge and belief, including the extended questions and declare that no material information has been withheld affecting the assessment of the risk. I/We agree that this proposal and declaration shall form the basis of the contract between me/us and APA Insurance Ltd and I/we am/are willing to accept the policy and be bound all the terms, provisions and conditions thereof and to pay the premium thereunder.

Date _____ Signature of Proposer _____ Title _____

Company Stamp _____

THE LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED BY THE COMPANY AND THE PREMIUM PAID EXCEPT AS PROVIDED BY ANY OFFICIAL COVER NOTE ISSUED BY THE COMPANY