

PROPOSAL FOR COMMERCIAL VEHICLE INSURANCE

SECTION A: PERSONAL CORPORATE DATA

(Individual Applicant)

Surname _____ Other Name: _____

Place of Work _____ Occupation: _____

Date of Birth: (dd)____/(mm)____(yy)____ ID/Passport No. _____

(Corporate Applicant)

Business Name: _____ PIN No. _____

Nature of Business _____

Name of Contact Person: _____ Position: _____

(Both Corporate and Individual Applicants)

Postal Address _____ Postal Code _____ Town: _____

Physical Address: Bldg: _____ Floor: _____ Street: _____

Office Tel: _____ Fax No.: _____ Mobile Phone _____

E-Mail Address: _____

Period of insurance: From _____ To _____

SECTION B : TECHNICAL DETAILS

Number of Drivers Employed								
Registered Letters and Number	Chasis No. or Engine No.	Make of Vehicle	Type of Body	Horse Power	Year of Manufacture	Carrying capacity		Proposer's estimate of present value of vehicles including Accessories thereon
						Goods	Persons	

IMPORTANT NOTE

If you wish to insure a car radio/cassette, the following details Must be shown

Make _____ Type _____ Serial No. _____ Value _____

NOTE: Please give a definite answer to each question.

- State fully the use of the vehicle(s) (a) _____
 - Describe fully the Nature/Type of goods to be carried (b) _____
 - Nature of business undertaken by the proposer (c) _____

2. Do you undertake Carriage of Goods for other persons on hire? Yes ☐ No ☐

SECTION B TECHNICAL DETAILS (continued)

3. (a) Will a Trailer be attached to the Vehicle(s) (a) _____
(b) If so, how many? What is the value of each? (b) No. _____ Value _____
4. Is/Are Vehicle(s) used for carrying Passengers for hire or reward? _____
5. (a) State the Area of Operation (a) _____
(b) State where the vehicle is normally garaged (b) _____
6. Insurance cover required ☐ Comprehensive ☐ Third Party and Theft
☐ Third Party only
7. Is/Are Vehicle(s) your sole property? (if not, state the name and address of Owner)

8. Does your licence authorize you, or your paid driver to Drive the type of vehicle in respect of which this proposal is Submitted? _____
9. Do you or any other person who to your knowledge will drive, suffer from defective vision or hearing or from any physical infirmity? _____
10. Have you or has any other person who to your knowledge Will drive, been convicted during the last five years of any Offence in connection with any Motor Vehicle or is any Prosecution pending? _____
11. Are you now or have you 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 Discount? (a) _____
(b) If so, with which Company were you previously insured? (b) _____
13. Has any Company or Underwriter either in respect of you or your partner ever:
(i) Declined your or their proposal? _____
(ii) Refused to renew or cancelled your policy? _____
14. Has any of your motor vehicles been involved in ANY ACCIDENTS OR LOSSES during the past 36 calendar months _____
If so, give particulars below.
(a) _____
(b) _____
(c) _____

SECTION B: TECHNICAL DETAILS (continued)

If there have been no accidents or losses write "None" In the space below.

*All accidents and losses, whether insured or uninsured, and whether resulting in a claim or not must be included.

I/We declare that the claims information is accurate _____

15. Do you wish to be indemnified in respect of your legal liability to passengers? Yes ☐ No ☐

SECTION C: PAYMENT DETAILS

Payment Type (Please tick)

- ☐ Cash: (Please pay Directly to CHARTIS)
- ☐ Cheque: Cheque No. _____ Bank: _____
- ☐ Premium Finance: (State the Financing company) _____

IMPORTANT NOTICE

PAYMENT OF PREMIUM THROUGH AN INSURANCE AGENT OR DIRECT

- Please note that all premium cheques must be written in favour of CHARTIS KENYA INSURANCE CO. LTD. CASH must be paid direct to CHARTIS and appropriate receipt obtained.
- Insurance cover will commence only after payment has been receipted by CHARTIS KENYA INSURANCE CO. LTD. If any cheques is dishonored cover will be deemed to have been inoperative with effect from inception.
- Please check that your insurance Agent has a current License from the Commissioner of Insurance

SECTION D: DECLARATION

I/We declare that the statements and particulars in this proposal are true and that I/We have not misstated or suppressed any material facts. I/We agree that this proposal, together with any other information supplied by me/us, shall form the basis of any contract of insurance effected thereon.

Signing this proposal form does not bind the proposer or underwriter to complete this insurance.

Executed at this _____ day of _____ 20 ____
For and on behalf of:

Name: _____

Signature: _____ Date: _____

(If Corporate): Designation of Contact Person: _____

Company Stamp: _____

PRODUCER NAME: _____



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