

GA MOTOR INSURANCE PROPOSAL FORM I&M BANCASSURANCE

1. DETAILS OF PROPOSER:

| | | |
|----------------------------------|-------------------------------|--------------------|
| Full Names (BLOCK LETTERS) _____ | | |
| Address: P.O. Box _____ | Code _____ | Town _____ |
| Office Tel. No _____ | Mobile No _____ | |
| E-mail _____ | PIN NO. _____ | ID NO _____ |
| Occupation _____ | Employer(if applicable) _____ | |
| Bank Branch. _____ | Account. No. _____ | Account Name _____ |

2. THE COVER & DETAILS OF VEHICLE:

| |
|---|
| Period of insurance: From _____ to _____ |
| Cover required : Comprehensive _____ Third Party Only _____ |
| Date vehicle Purchased _____ Purchase Price _____ |
| Name of Financier (if any) _____ |

| | Reg. No | Engine No. | Chasis No. | Make & Body type | Year of Man | Seating capacity | Sum Insured |
|----|---------|------------|------------|------------------|-------------|------------------|-------------|
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

Uses (Tick as applicable)

| Use of the vehicle | Cover extensions | Rating |
|---|---|---|
| 1. Private <input type="checkbox"/> | 1. Courtesy car <input type="checkbox"/> | Premium rate <input type="checkbox"/> |
| 2. Commercial(Own goods) <input type="checkbox"/> | 2. Excess protector <input type="checkbox"/> | Less NCD(%) applicable <input type="checkbox"/> |
| 3. Commercial(G-cartage) <input type="checkbox"/> | 3. Terrorism <input type="checkbox"/> | Net premium rate <input type="checkbox"/> |
| 4. Institutional (Bus/Van) <input type="checkbox"/> | 4. SRCC <input type="checkbox"/> | Basic premium <input type="checkbox"/> |
| 5. Commercial -PSV <input type="checkbox"/> | 5. Road rescue AAK () or Infama () <input type="checkbox"/> | Additional premium On extensions <input type="checkbox"/> |
| 6. Special Type vehicle <input type="checkbox"/> (Tractors, excavators, Ambulances,hearses etc) | 6. Political Violence <input type="checkbox"/> | Levies <input type="checkbox"/> |
| | 7. Passenger Legal Liability <input type="checkbox"/> | Stamp Duty <input type="checkbox"/> |
| | | Total premium <input type="checkbox"/> |

Total Premium.

If vehicle is used for carrying goods state type of goods: _____

Mode of Premium Payment (Tick as applicable):

Cash IPF RTGS EFT Cheque

3. INSURANCE & CLAIMS HISTORY

Name of Previous Insurer _____ Period Insured _____

Has any Insurer:

Declined your proposal for insurance? Yes No

Cancelled or Refused to renew your Policy? Yes No

Required an increased premium on renewal? Yes No

Have you ever suffered any loss or damage in the last three years in respect of motor vehicle whether insured vor not?

Yes No

If yes give brief details below:

DECLARATION

I do hereby declare that the above stated answers and statements are true and that I have withheld no material information regarding this proposal.

DATED _____ SIGNATURE OF PROPOSER _____

I&M BANK SALES REP'S NAME _____ CODE _____

OFFICIAL USE ONLY

Documentation (Tick if provided)

Valuation Report Logbook copy Copy of ID Driving license copy

Proposal form NCO Certificate KRA PIN

CHECKED BY _____ SIGN _____