



It Pays!

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Other Branches in Kenya:

- CBD office - Nairobi
- Westlands - Nairobi
- Industrial area branch & Motor Assessment/Valuation Center - Nairobi
- Mombasa
- Kisumu
- Nakuru
- Eldoret
- Kitale
- Nyeri
- Naivasha
- Meru
- Thika
- Malindi

MOTORCYCLE INSURANCE PROPOSAL FORM

Important:

1. It is an offense under the Traffic Act (Cap 403) to make a false statement or withhold any material information for the purpose of obtaining a Certificate of Motor Insurance and great care must be taken to ensure that this form is completed truthfully.
2. Definite replies should be given to all questions. Dashes, ticks, not applicable etc shall not be accepted.
3. Liability does not attach until this proposal form has been accepted by the company, premium paid and certificate of insurance issued except as provided by any official cover note by the company.
4. All alterations must be initialled.

Period of Insurance: From To
 Intermediary

PROPOSER

Full Name: Gender: Date of Birth:
 Postal Address: Post Code: Town:
 Physical Address (Home): Place of Work:
 PIN: ID / Passport No.: (Please attach copies)
 Driving Licence No.: Date of Issue: (Please attach a copy)

PRINCIPAL RIDER (IF DIFFERENT FROM THE INSURED)

Full Name: Gender: Date of Birth:
 Postal Address: Post Code: Town:
 PIN: ID / Passport No.: (Please attach copies)
 Driving Licence No.: Date of Issue: (Please attach a copy)
 Relationship with Insured:

PARTICULARS OF MOTOR VEHICLE

a) Motor Cycle Details

Please attach Copy(ies) of logbook(s).

Reg. Marks	Make & Model	Body Type	Year of Manufacture	Engine No.	Chassis No.	Rating (CC)	Carrying Capacity	Estimated Value Including accessories)

b) Is the Motor Cycle absolutely owned and duly registered in your name? Yes No
 If not, give particulars of any other interest.

c) Is the Motor Cycle in a thorough state of repairs? Yes No

USE OF MOTOR CYCLE

- a) Is the Motor Cycle used for business or social, domestic, pleasure and own business/profession? _____
 If used for the latter, please provide details of the nature of business undertaken _____
- b) What previous motor cycling do you/your principle rider posses? _____

- c) If so, please give the details of registration marks, value and carrying capacity. _____

DETAILS OF PREVIOUS INSURER

- a) Scope of cover required: _____ (Comprehensive, Third Party, Fire & Theft or Third Party Only)
- b) The following extra benefits are available at a cost. Please indicate the one(s) you require.
- Riot, Strike & Civil Commotion _____
 - Excess Protector _____
 - Other (Specify) _____

DETAILS OF PREVIOUS INSURER

- a) If you have been insured in respect of motor vehicles, please state the name of insurer and policy number.

- b) Has any insurer ever in respect of yourself or any other person who will drive, ever:
- Declined a proposal or cancelled or refused to renew a policy? Yes No
 - Required an increased premium or imposed special conditions? Yes No
 - Required you or such person to carry the first amount of any loss? Yes No

DRIVING & CLAIMS RECORD

- a) Have you or your principal driver(s) ever been convicted of any motoring offence? Yes No
 If Yes, please provide details.

- b) Do you or your principal driver(s) have defective vision, hearing or any other physical or mental defects? Yes No
 If Yes, please provide details _____
- c) Please state all the vehicles owned or driven by you and particulars of all accidents in the last three years.

Year	No. of Motor Cycles owned	Extent of Damage (Kes)	Extent of Third party Claims (Kes)	Other Claims	Insurer at the time	Comments

- a) Are entitled to any No Claim Discount? Yes No
 If yes, please attach the NCD certificate or Certificate of loss Ratio.

DECLARATION

I/We, the undersigned, hereby declare that all the information provided in this proposal form is true and accurate, confirm that I/We have not suppressed, misinterpreted or misstated any material fact(s) and agree that this declaration shall be the basis of the contract between Me/Us and the Company.

SIGNATURE OF PROPOSER _____ DATE _____