



It Pays!

**HEAD OFFICE**

Royal Ngao House, Hospital Road  
P. O. Box 40001 - 00100 Nairobi, Kenya.  
Tel: +254 (20) 271 2620, 271 2935  
Cell: 0722 209 566, 0734 333 280  
Fax: +254 (20) 271 3831, 271 7888  
Email: general@realinsurance.co.ke  
Website: www.realinsurance.co.ke

**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

## PRIVATE CAR 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 DRIVER (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 Vehicle 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 vehicle absolutely owned and duly registered in your name? Yes  No   
If not, give particulars of any other interest. \_\_\_\_\_

c) Has the vehicle been altered to carry a heavier load than specified by manufacturer?  
If so, please give details \_\_\_\_\_

d) Where is the vehicle normally used and garaged? \_\_\_\_\_

## USE OF MOTOR VEHICLE

- a) What is the purpose for which the vehicle is used? \_\_\_\_\_
- b) How many fair paying passengers is the motor vehicle licensed to carry? \_\_\_\_\_
- c) If used to carry goods, state the nature of goods? \_\_\_\_\_
- d) Will the vehicle be used for hire and reward? \_\_\_\_\_
- e) Will a trailer be attached to the vehicle? \_\_\_\_\_
- If so, please give the details of registration marks, value and carrying capacity

## DETAILS OF COVER

- 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.
- |                                     |                        |
|-------------------------------------|------------------------|
| Windscreen _____                    | Loss of Use _____      |
| R. S.C.C. _____                     | Excess Protector _____ |
| Legal Liability to Passengers _____ | 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 vehicles owned	Extent of Vehicle 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 \_\_\_\_\_