



Motor Private  
Insurance  
Proposal Form

## MOTOR PRIVATE PROPOSAL FORM

### PROPOSER

1	Name	
2	Age (Registration Certificate for Corporates)	
3	Mobile	
4	KRA PIN Number	
5	Postal Address	
6	E-Mail	
7	Occupation	
8	Physical Office/ Business Address	
9	Next of Kin (not needed for Corporates)	
10	Next of Kin Contacts (not needed for Corporates)	
11	Relationship (not needed for Corporates)	
12	Period of Insurance:	From: <input type="text"/> To: <input type="text"/>

### VEHICLE DETAILS

13	Registration	
14	Make	
15	Type of Body	
16	Year of Manufacture	
17	Chasis Number	
18	Engine Number	
19	Cubic Capacity (cc)	
20	Color	
21	Date of Purchase	
22	Seating Capacity	
23	Estimated Value	
24	Use of the vehicle	
25	Area of parking/garage during working hours	
26	Area of parking/garage outside working hours	

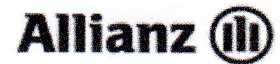
### COVER

27	Type of Motor Insurance Required	
a.	Comprehensive	
b.	Third Party Fire & Theft	
c.	Third Party Only	

#### Extra Benefits:

(i)	Windscreen	
(ii)	Radio cassette/ CD	
(iii)	Alloy Rims	
(iv)	Any Other (e.g. Road Rescue, Personal effects etc)	

28(a)	Are you the owner of the vehicle?	
(b)	Is the vehicle registered in your name?	
(c)	Has custom duty been paid in full?	



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29	Is there any other party financially interested in the vehicle?	
(a)		
(b)	If yes state name and address	
30	Is the vehicle left hand drive?	
31 <sup>(a)</sup>	Is the vehicle fitted with an anti-theft device?	
(b)	If so, attach certificate of installation	
32	Will the vehicle be used for any of the following purposes?	
(a)	For domestic, social & pleasure	
(b)	For carriage of goods for hire or reward	
(c)	For carriage of passengers for hire or reward	
(d)	For any other purposes	
	If yes (d) please give details	

**DRIVING EXPERIENCE**

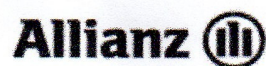
33	When did you get your driving license?	
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**NAMED DRIVER**

34	<p>You can include up to 4 drivers to be insured in the same conditions as yourself as long as they are designated. In case a non-designated driver has an accident with your car, an excess of <b>5% of the value</b> of the car will apply for <b>Own Damage Claims</b>.</p> <p>Would you like to cover up to 4 designated drivers?</p>	<b>Yes (list them below)</b>	<b>No (leave it blank)</b>
		1.	
		2.	
		3.	
		4.	

**CLAIMS HISTORY/ CONVICTIONS**

35	Have you, been involved in a motor accident during the past three years with this vehicle or any other?	
	If yes give brief details:-	
(i)	Have you had any claim from Hit & Run incident	
	If Yes, give details	
(ii)	Have you had any claim from Self involvement incident	
	If Yes, give details	
36	Have you, been convicted during the past three years of any offence in connection with any motor vehicles?	
	If yes give brief details:-	
(i)	When?	



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(ii)	Nature of Accident?	
37	Have you ever been convicted of any motor offence?	
	If yes give brief details:-	
(i)	Nature of offence accused of?	

**INSURANCE HISTORY**

38	Have you been Insured for motor insurance in your own name before?	
	If yes:- Name of Insurance Company	
39	Has the above vehicle been Insured before?	
	If yes:- Name of Insurance Company	
40	Has any Underwriter ever:	
	(a) Declined your proposal?	
	(b) Required an increased premium?	
	(c) Imposed special terms & conditions?	
	(d) Cancelled or refused to renew your policy?	

**i. Privacy Notice**

Having completed and signed this proposal form, you have provided Allianz Kenya Insurance Company Ltd with your personal information. We are committed to protecting the integrity, confidentiality, access and use of personal information that we collect from you in the course of our business. "Personal information" is information that identifies and relates to you or other individuals (such as your dependants). You have the right to access and correct personal data that may be incorrect or incomplete.

In the course of our business, we may share your personal information with other Allianz entities, service providers, reinsurers, intermediaries, Government/Regulatory Authorities, and industry Associations

I/We hereby authorise Allianz Insurance Company of Kenya to use my personal information for lawful business purposes in accordance with the Data Protection Act 2019 Laws of Kenya or as per the European Union General data protection Regulations(GDPR)

**ii. Declaration**

I/We hereby declare that the statements made by me/us in this Proposal are, to the best of my/our knowledge and belief, complete and true, and I/we hereby agree that this forms the basis and is part of any policy issued in connection with the above risk.

It is agreed that the Insurers are liable in accordance with the terms of the Policy only and that the insured will not lodge any other claims of whatever nature.

The Insurers undertake to treat this information in strict confidence.

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

Executed at \_\_\_\_\_ on Date \_\_\_\_\_

Signature \_\_\_\_\_