

Head Office:

First Assurance House
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Giranga Road Lavinton,
P O Box 30064 - 00100 Nairobi
Tel: 254-020 - 3877737
(020) 2682250/60/70/50, 3591135/88
nainfo@firstassurance.co.ke

Town Office:

Queensway House
4th Floor, Kaunda Street
Nairobi, Kenya
Tel: 2219852/3/4/5
cxdinfo@firstassurance.co.ke

Kisumu Branch:

United Mall,
Kakamega Road
Tel: 254-057-2024102,
(020) 2030576, 2082507
ksminfo@firstassurance.co.ke

Mombasa Branch:

First Assurance House,
Off malindi -Mombasa Rd
Tel: 254-041-476494,
(020) 2684011/12
msainfo@firstassurance.co.ke

Nakuru Branch:

Westside Mall,
2nd floor above Nakumatt
Tel: +254 20 2343989/ 94
nkinfo@firstassurance.co.ke

APPLICATION FOR MOTOR INSURANCE

All questions must be answered in full.

THE APPLICANT(CUSTOMER)

1. Surname First Name Middle Name

2. Address Code.

3. Mobile Email.

4. Pin Number ID No.

5. Policy Period From To

6 Comprehensive or Third Party Only

VEHICLE DETAILS

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5
Registration Number					
Make					
Type of body					
Year of Manufacture					
Chassis number					
Engine number					
Cubic capacity (CC)					
Colour					
Date of purchase					
Seating Capacity					
Estimated value					

SUM INSURED

(Tick where Applicable)

USE OF THE VEHICLE:

Private / Commercial Own Goods Commercial - General Cartage
Institutional / PSV chauffer Age Limit(Max 15years)

Premium Payable KSHS

Minimum basic Premium - Private Kshs. 20,000
- Commercial Kshs. 30,000



First Assurance

Insure. Secure. Assure

SIGNATURE OF THE
CUSTOMER _____

NAME OF THE BRANCH _____

NAME OF BRANCH STAFF & STAFF No.: _____

SIGNATURE _____

MODE OF PREMIUM PAYMENT: Cash Deposit, Mpesa, Fund Transfer IPF

MPESA: (PAY BILL/ BUSINESS No. 898200, (For account No. put the registration of your vehicle)

Debit my account

I hereby authorize the bank of debit my account no. _____

Account Name; _____

Signature _____

Date: _____

Agent Name: _____

Agent Code: _____

Referral Name: _____

Agent Code: _____



NB: PLEASE ATTACH A COPY OF LOGBOOK, ID copy or certificate of incorporation incase of company and PIN certificate

CONTACTS:-

Phone: 020 2900000/ 3900000

Email: bankassurance@firstassurance.co.ke

bbkinssurance@barclayscorp.com

banassuranceops@barclayscorp.com

