

The Heritage Insurance Company Kenya Limited Liberty House, Processional Way P.O BOX 30390 - 00100, Nairobi, Kenya (t) 254 20 278 3000 (f) 254 20 272 7800 (m) 0711 039 000, 0734 101 000 (e) info@heritage.co.ke (w) www.heritageinsurance.co.ke

PROPOSAL FORM FOR PRIVATE CAR INSURANCE

ACE	TIA	/R	PO	KFR

ACCOUNT NO .:

POLICY NUMBER

SECTION 1
(A) - INDIVIDUAL CUSTOMER DETAILS

			and the second s		The second of th	
i)	Full Name of Propose	r (First Pame)	rSecond	d Nomei	(Other Names)	
	Date of Birth		Gende			ried
	Nationality		Citizenship			
ii)	Contact Details:	(mobile):		(tel):		
	(email address):					
	(Postal Address)		(Postal code):	(town/cit	y):	
	Residential Addr	ess (Physical)				
iii)	Identification Doc.	Identification Type	Identificati	on Number	Expiry Date	
		Identity Card				
		Passport	•			
		Asylum (Altach a copy of Identii	fication Document)			
iv)	Income Tax No. (PIN)		· //t	tach a copy of PIN Cortil	icote)	
v)	Are you Employed?	Yes No	OR ii)Self Employ	ed? Yes	No	
vi)	If employed, state your	current employer				
vii)	Occupation			Sector		
viii)	Source of Income		usiness Proceeeds erating dependant	Pension Kaupan	clamming Rent (Regule state)	
ix)	Source of Wealth	Legal Settlement	Royalties	Inheritance	Donations	
		Winnings	Savings	Sale of Investme	ent Sale of Property	
		Rent resol Estates	Employment	Pension	Business Proceed	
x)	Full Name of Next of Kir (Telephone No.):			Relationship		
(D)	- LEGAL ENTITY, COF	DODATE OD SMI	E CUSTOMED DE	TAILC		
	1 38 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CFORATE OR SMI	- COSTOMER DE	TAILS		-
i)	Trade Name					
	Legal/Registered Name					
	Registration Number					
	Country of Incorporation		Country of Pa	rent Company if any		
i)	Contact Details (mobile):		(tel):		
	(email address):				A Property of the Control of the Con	
	(Postal Address):	(Po	ostal code):	(town/city):		
	Physical Location					
ii)	Nature of Business		S	ector		

iv)	Income Tax No. (PIN) (Attach a copy of PIN Certificate)						rtificate)				
v)		eficial Owne		tach CR12							
vi)	vi) Source of Income				Proceeeds		nt (New Estate)			vernment Fu	nding
vii)	Sour	ce of Wealt		Legal Sett			yalties	Intere		rings	
	,			Court Ord		THE RESERVE TO SERVE	le of Propert		of Investment		
					ent Funding	. ∐Sn:	areholders C	ontribution			
SEC	CHON	12 - PROF	OSAL DE	IAILS							Karlston (40)
i)	Period	of insuran	ce	Fro	m	-	- 1	То	-		
ii)	Addre:	ss where ca	r is usually	garaged							
iii)	Bank/	Company v	vith interes	t							
	tration	Make of	Model of	Cubic	Year of	Body Type	Fuel Type	Manufactuers	State any changes	Estimated Pro	oposed
Numi	ber	vehicle	vehicle	(CC)	Manufacture		Petrol, Diesel, Hybrid, Electric, others specify	seating capacity Incl. driver	made to maker's de- sign of body or engine If none state 'NONE'	Sum insured	
	alves (Asse	Status and one of									
		CH A COPY O		OOK FOR E	ACH VEHICL	.E					
		REQUIRE									
,	a)	Compreh	nensive								
		(i) Opt	ion 1 - Ord	inary co	mprehen:	sive cove	r				
		(ii) Opt	ion 2 - Her	itage Au	to correct	cover					
							d trånsmit date	a on how you dr	ive.		
	Opt	see tne p ional Extens	product inform sions	ation sneet	for more det	ails)					
			ical Violen	ce & Ter	rorism	¢					
						· abovo s	tandard ov	cess amour	at .		
	NB:	II) LACE	3311016011	or for cla	iiii vatues	above s	tanuaru ex	icess arriour	11		
		l Vehicles insured	on Comprehensi	ive basis musi	t undergo valua	tion within 14	days of incepting	g cover. This does n	ot apply to show room v	ehicles.	
		olitical Violence a acess Protector de				additional Pre	mium.				
					CCIDIITIS.						
b	0)		y Fire & Th	ett							
C	:)	Third Part	y Only								
	Win	dscreen :									
	R/C	/CD :				F	ree limit for ed	ach option is Ksl	ns 30, 000/=,		
	Tow	ing :	entre i de la companya de la company				Indicate a	dditional limits	require		
	Мес	lical :									
		you entitle attach a No				n your pr	evious Ins	urers?	Y	es No	
. N	ame c	f Previous	Insurer:								
		lumber									
								nd by the Ins & Reward?	sured in Y	es No	
connection with Insured's business or profession excluding Hire & Reward? Do you have a current license (not Provisional) to drive Motor Cars? State period(s) with dates, of your car driving experience						Y	es No				
								our knowled	-lσο ·		
	-						•	ntal infirmit		es No	
		kind?				J 1 J				. 110	

		onvicted during the live details :	e past (5) years of any	motoring offence	?	Yes No
6.	Have you premium	Yes No				
7.	Has any v past 3 yea IF NONE,	e Yes No				
	Past 3 Years	Total number of cars, vehicles or cycles owned by you each year	Total number of accidents or losses in connection with vehicles or cycle OWNED or DRIVEN by you	Damage to Proposer's cars, Vehicles or Cycles Amount	Third Party Amount	OFFICE USE ONLY
8.	Give detail	ls of the car Anti-Th	neft device fitted :			
Heri		ce policy which is bance Company Ker	RITAGE AUTO CORRE Only for comprehensively declare that I ha based on Telematics T by a Limited to install t	insured vehicle - Opti ve read and under echnology operat	on (ii)] rstood the Heri ions. I hereby c	consent to The
Sign	ature :			Date:		
			CONSENT & D	ECLARATION		
(i) ((ii) -	Collecting, Transferrin	using, disclosing a	rance Company Keny nd/or processing my/ data to their reinsure	ya Ltd ; Your personal data		ne purposes of
his I s ar ot b	Proposal ar Id The Heri	nd Declaration sha tage Insurance Cor any person who to	correctness of the ab Il be held to be prom mpany Limited. I/We o my/our knowledge	ssory and the bas undertake that the	is of the contra evehicle(s) to b	ct between me/ e insured shall
ropo	ser's Signa	ature : _		Date:		
			rer's Official Cover Note) is und			