

Heritage Insurance Company

A member of  LIBERTY

Regulated by the Insurance Regulatory Authority

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PROPOSAL FORM FOR MOTORCYCLE INSURANCE

AGENT / BROKER EMAIL POLICY NUMBER

SECTION 1 (A) - INDIVIDUAL CUSTOMER DETAILS

i) Full Name of Proposer
(First Name) (Second Name) (Other Names)
 Date of Birth - - Gender Marital Status Single Married
 Nationality Citizenship

ii) Contact Details: (mobile):
(tel):
(email address):
(Postal Address):
(Postal code):
(town/city):
 Residential Address (Physical)

iii) Identification Document

Identification Type	Identification Number	Expiry Date
<input type="checkbox"/> Identity Card	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> Passport	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> Asylum	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

(Attach a copy of Identification Document)

iv) Income Tax No. (PIN)
(Attach a copy of PIN Certificate)

v) Are you Employed ? Yes No OR ii) Self employed ? Yes No

vi) If employed, state your current employer.

vii) Occupation Sector

viii) Source of Income Salary Business Proceeds Pension (Recipient of Annuity) Rent (Real Estate)
 Non-Income generating dependant

ix) Source of Wealth Legal Settlements Royalties Inheritance Donations
 Winnings Savings Sale of Investments Sale of Property's
(Lottery/ Casino/Bettings)
 Rent (Real Estate) Employment Pension Business Proceeds

ix) Full Name of Next of Kin Relationship
(Telephone No.):

(B) - LEGAL ENTITY, CORPORATE OR SME CUSTOMER DETAILS

i) Trade Name
 Legal/Registered Name
 Registration Number
 Country of Incorporation Country of Parent Company if any

ii) Contact Details (mobile):
(tel):
(email address):
(Postal Address):
(Postal code):
(town/city):
 Physical Location

iii) Nature of Business Sector

- iv) Income Tax No. (PIN) (Attach a copy of PIN Certificate)
- v) Beneficial Owner (Attach CR12)
- vi) Source of Income Business Proceeds Rent (Real Estate) Donations Government Funding
- vii) Source of Wealth Legal Settlement Royalties Interest Savings
 Court Order Sale of Property Sale of Investment
 Government Funding Shareholders Contribution

SECTION 2 - PROPOSAL DETAILS

i) Period of insurance From - - To - -

Registration number	Make of Motorcycle (and side car, if any)	Model of Motorcycle (and side car, if any)	Year of Manufacture	Engine CC	Body type (Two or three wheeler)	Estimated Proposed Sum insured

PLEASE ATTACH A COPY OF THE LOG-BOOK FOR EACH MOTORCYCLE

1. COVER REQUIRED

Optional Extension

- a) Comprehensive (i) Political Violence & Terrorism

NB:

(i) All Motorcycles insured on comprehensive basis must undergo valuation within 14 days of incepting cover. This does not apply to show room motorcycles.

(ii) Political Violence and Terrorism will attract additional Premium.

- b) Third Party Fire & Theft

- c) Third Party Only

Are you entitled to No Claim Discount from your previous Insurers?

Yes No

If so attach a No Claim Discount Certificate

2. Name of Previous Insurer : _____
 Policy Number : _____

3. In respect of yourself or any other person who to your knowledge will ride, has any insurer : (a) declined a proposal or (b) required an increased premium or imposed special conditions or (c) cancelled or not invited renewal of a policy?

Yes No

If "Yes", give details :

4. Will the cycle be used solely for social, domestic and pleasure purpose and by the Insured in person in connection with his business or profession?

Yes No

If "No", state other uses :

5. Do you have a current license (not provisional) to ride motorcycles?

Yes No

State period(s) with dates, of your riding experience _____

6. Do you, or does any person who will be riding the motorcycle to your knowledge
 i) Suffer from defective vision, hearing or from any physical or mental infirmity or fits of any kind?

Yes No

ii) Been convicted during the past (5) years of any motoring offence?

Yes No

If yes, give details : _____

7. Have you or any person who will be riding had a proposal declined, increased premiums or imposed on special conditions? If yes, give details : Yes No

8. Are you the owner of the motorcycle(s), and is it registered in your name? If 'No' give details and state name of financier (if any): Yes No

9. Has any motorcycle owned or ridden by you been involved in any accident or loss in the past 3 years? Please complete the table provided below in full. Yes No
 IF NONE , state "NONE" here : _____

Past 3 Years	Total number of motorcycles owned by you each year	Total number of accidents or losses in connection with motorcycle owned or ridden by you	Damage to proposer's motorcycles amount	Third party amount	OFFICE USE ONLY

8. Give details of the car Anti-Theft device fitted : _____

CONSENT & DECLARATION

I/We consent to The Heritage Insurance Company Kenya Ltd;

- (i) Collecting, using, disclosing and/or processing my/our personal data; and
- (ii) Transferring my/our personal data to their reinsurers and affiliated companies for the purposes of insurance as permitted by law.

I/We hereby declare the truth and correctness of the above statements and particulars and agree that this Proposal and Declaration shall be held to be promissory and the basis of the contract between me/ us and The Heritage Insurance Company Kenya Limited.

Proposer's Signature: _____ Date: _____

No liability (except for the period stated in the Insurer's Official Cover Note) is undertaken until the Proposal is accepted by the Insurer and the premium paid.