

PROPOSAL FORM FOR MOTOR CYCLE INSURANCE

AGENT / BROKER ACCOUNT NO. POLICY NUMBER

SECTION 1 - PERSONAL DETAILS

- a. Full Name of Proposer
- b. Contact Details: (tel): (fax):
 (mobile): (web):
 (email):
 (postal): (code): (town/ city):
- c. Proposer Pin Number :

SECTION 2 - PROPOSAL DETAILS

- i. Period Of Insurance : (From): (To):
- ii. Nature of your Business / Occupation

All questions must be answered fully Ticks or Dashes are not sufficient.

Make and model of cycle (and side car, if any)	Registration Number	Engine cc	Year of Manufacture	Estimate of Value Incl. side car if any.	State any changes made to maker's design of body or engine. If none state "NONE"
<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"/>

1. Are you now or have you been insured in respect of any Motor cycle? Yes No
 If so, state : Name of Insurer
 Policy No.

2. In respect of yourself or any other person who to your knowledge will drive, 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

3. 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? If "No", state other uses : Yes No

4. Is your current Motor cycle licence provisional? Yes No

5. "Will the vehicle be used on any airport/airstrip premises or along runways or taxiways where the public do not normally have access? If yes give details. Yes No

6. Do you, or does any person whom, to your knowledge will drive, suffer from defective vision, Hearing or from any physical or mental infirmity or fits of any kind? Yes No

If Yes give details

7. Have you, or has any person who, to your knowledge will drive been convicted during the past (5) years of any offence in connection with any motor vehicle or is any prosecution or Police enquiry pending ? Yes No

If "Yes" give details

8. Have you a current licence (not Provisional) to drive Motor Cycles? Yes No

If "No" state type of licence held.

9. Are you the owner of the motor cycle, and is it registered in your name? Yes No

If 'No' give details. State name of Hire Purchase Co. (if any)

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

If so attach a No Claim Discount Certificate

11. Give details of any Anti-Theft Device fitted

12. Give the following information in respect of any person other than yourself who to your knowledge will drive. If NONE, state "NONE" here :

Name(s) of persons (s)	Occupation(s)	Age(s)	Period full driving licence held in Kenya	Details of all accidents or losses during past 3 years if NONE state "NONE"	Motor cycle driving experience in years

13. State period(s) with dates, of your car driving experience

14. If any motor cycle owned or driven by you has been involved in any accident or loss in the past 3 years please complete the panel below in full IF NONE, state "NONE" here

Past 3 Years	Total number of cars Vehicles or cycles owned by you each year	Total number of accidents or losses in connection with cars, vehicles or cycle OWNED or DRIVEN by you	Damage to Proposer's Cars, Vehicles or Cycles Amount	Third Party Amount	OFFICE USE ONLY

COVER REQUIRED

Comprehensive

Third Party Fire & Theft

Third Party Only

If cover is required for accessories (other than standard accessories fitted by the manufacturer) give details and value (Comprehensive Only).

Extra Benefits: state which are required

i. (please specify)

DECLARATION

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 Limited. I/We undertake that the vehicle(s) to be insured shall not be driven by any person who to my/our knowledge has been refused any Motor Vehicle Insurance or continuance thereof.

Further I/We do hereby accept the following restrictions of cover: (a) Compulsory Excess: As per Policy.

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.