

PROPOSAL FORM FOR LADIESFIRST MOTOR COVER

AGENT / BROKER ACCOUNT NO. POLICY NUMBER

SECTION 1 - CUSTOMER DETAILS

i) Full Name of Proposer
(First Name) (Second Name) (Other Names)

Date of Birth - - Gender M F Marital Status Single Married
Day Month Year

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*
 Identity Card
 Passport Month - Year
 Asylum
(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

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

SECTION 2 - PROPOSAL DETAILS

i) Period of insurance From - - To - -
Day Month Year Day Month Year

ii) Address where vehicle is usually parked at night?

iii) Bank/Company with interest

Registration Number	Make of vehicle	Model of vehicle	Cubic Capacity (CC)	Year of Manufacture	Body Type	Fuel Type Petrol, Diesel, Hybrid, Electric, others specify	Manufacturers seating capacity Incl. driver	State any changes made to manufacturers design of body or engine. If none state 'NONE'	Estimated /Proposed Sum insured

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

1. Cover Required

- a) Comprehensive
 - (i) Option 1 - Ordinary comprehensive cover
 - (ii) Option 2 - Heritage Auto Correct cover
(This cover is based on telematics Technology to collect and transmit data on how you drive. See the product information sheet for more details)

Optional Extensions

- (I) Political Violence & Terrorism
- (II) Excess Protector for claim values above standard excess amount

NB:

- (i) All vehicles insured on comprehensive basis must undergo valuation within 14 days of incepting cover. This does not apply to showroom vehicles.
- (ii) Political Violence and Terrorism and Excess Protector will attract additional Premium.
- (iii) Excess Protector does not apply to Total Loss Theft Claims

- b) Third Party Fire & Theft Third Party Fire & Theft
- c) Third Party Only

Windscreen :	Free limit for each option is Kshs 30, 000/=, Indicate additional limits require
R/C/ CD :	
Towing :	
Medical :	

PERSONAL EFFECTS

Detailed Description of personal Effects (Maximum limit payable)	Value in Kshs.
Handbag & contents (10,000)	
Mobile phones (15,000)	
Shoes (5,000)	
Jewellery limit (20,000)	
Child car seat (8,000)	
Laptop (40,000)	

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

3. Will the car be used for social, domestic and pleasure purpose and by the Insured in person in connection with her business or profession? Yes No

4. Will the vehicle be used on any air port/airstrip premises or along runaways or taxiways where the public do not normally have access? Yes No
If yes give details :

5. Do you have a current license (not Provisional) to drive motor vehicles? State period(s) with dates of your driving experience _____ 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. 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 :

9. Has any vehicle owned or driven by you been involved in any accident or loss in the past 3 years? Please complete the table provided below in full. IF NONE , state "NONE" here : _____

Past 3 Years	Total number of 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 Vehicles or cycles amount	Third Party Amount	OFFICE USE ONLY

10. Give details of the vehicles Anti-Theft device fitted :

11. Are you entitled to No Claim Discount from your previous Insurers? Yes No
If so attach a No Claim Discount Certificate.

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"	Car driving experience in years

The primary mode of delivery of your policy document and other official documents shall be via email.
Kindly provide your email address below.

HERITAGE AUTO CORRECT COVER DECLARATION

[Only for comprehensively insured vehicle - Option (ii)]

I _____ declare that I have read and understood the Heritage Auto Correct motor insurance policy which is based on telematics technology operations. I hereby consent to The Heritage Insurance Company Kenya Limited to install the telematics device in my vehicle and to effect insurance on that basis.

Signature : _____ Date: _____

CONSENT & DECLARATION

I/We consent to The Heritage Insurance Company Kenya Limited:

- i) Collecting, using, disclosing and/or processing and/or storing my/our personal data for purposes that are relevant to my policy and as permitted by law;
- ii) Collecting and sharing my personal data in accordance with the privacy statement on its website (<https://www.heritageinsurance.co.ke/>);
- iii) Transferring my/our personal data to their reinsurers and affiliated companies for the purposes of insurance and as permitted by law;
- iv) And/or its contracted Third parties contacting me via email/phone-call/SMS/post in regard to insurance products and/or services.

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

I/We hereby declare the truth and correctness of all the statements and particulars entered in this Proposal and that I have not withheld any material information, and that my/our answers herein are in my/our full knowledge and have been written by me/us or with my/our full authority.

I/We further declare that the amounts proposed for insurance represent the full value of the property described. I/we agree that this Declaration shall form the basis of the contract between me/us and the Insurer and I/we agree to abide by the terms and conditions of the Policy to be issued.

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.