

PROPOSAL FORM FOR MOTORCYCLE INSURANCE

AGENT / BROKER ACCOUNT NO. POLICY NUMBER

SECTION 1

(A) - INDIVIDUAL 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*

<input type="checkbox"/> Identity Card	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Passport	<input type="text"/>	<input type="text"/> - <input type="text"/> <small>(Month) (Year)</small>
<input type="checkbox"/> Asylum	<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

x) 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 - -
(Day) (Month) (Year) (Day) (Month) (Year)

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
c) Third Party Only

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

Yes No

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

Yes No

6. Do you, or does any person who will be riding the motorcycle to your knowledge of any kind?

Yes No

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 :

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

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.