

# MAYFAIR INSURANCE COMPANY LIMITED

8<sup>TH</sup> FLOOR MAYFAIR CENTRE, RALPH BUNCHE ROAD

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## COMMERCIAL VEHICLE INSURANCE PROPOSAL FORM

N.B. All questions must be answered in full. Dashes are not acceptable. Please use BLOCK letters or tick as applicable.

Name of Agent/Broker \_\_\_\_\_

### PARTICULARS OF THE PROPOSER

Name of the proposer (in full) \_\_\_\_\_

Postal Address P.O. Box \_\_\_\_\_ Town \_\_\_\_\_

Telephone \_\_\_\_\_

Profession or Occupation (Nature of business) \_\_\_\_\_

Period of Insurance: From \_\_\_\_\_ To \_\_\_\_\_

PIN Number (Attach copy of certificate) \_\_\_\_\_

### PARTICULARS OF VEHICLE

Registered Mark	Chassis No. & Engine No.	Make and Type of Body	Engine Capacity In Cubic Tonnes	Year of Manufacture	Colour of Vehicle/Is it metallic	Carrying Capacity passenger limit	Proposer's estimate of present market value including Accessories

### PARTICULARS OF COVER

1. Tick the type of cover required:

Comprehensive  Third Party Fire and Theft  Third Party Only

**Note:** For Comprehensive and Third Party Fire and Theft, the basis of settlement is the 'market value'. This should be taken in to account when deciding the sum insured.

2. Windscreen and window glass:

Do you want additional cover if breakage occurs but no other damage is sustained by your vehicle?

YES  NO

If YES, state the limit of cover required

KSh. \_\_\_\_\_

**Note:** Claims will be accepted up to the limit stated without loss of 'No Claim Discount' or deduction of excess.

3. Has the vehicle(s) been fitted with approved anti-theft devices?

YES  NO

If YES, attach certificate of fitting

YES  NO

4. Are you now or have you previously been insured in respect of any motor vehicle(s)?  
If YES, state name of company or underwriter(s) \_\_\_\_\_

5. Is/Are the vehicle(s) your sole and absolute property?  YES  NO  
If NO, state name and address of owner(s) \_\_\_\_\_

6. (i) Date of purchase of vehicle(s) \_\_\_\_\_  
(ii) Were the vehicles bought brand new or second hand? \_\_\_\_\_  
(iii) Price paid per vehicle Kshs. \_\_\_\_\_

7. (i) Are you entitled to a No Claim Discount?  YES  NO  
(ii) If YES, for how many years up, to date, have you previously been insured continuously without claim and with which companies? \_\_\_\_\_

**Note:** To qualify for Discount submit renewal invitation or N.C.B letter from your previous insurer

8. Do you or does any other person who to your knowledge will drive, suffers from defective vision or hearing from any physical infirmity?  YES  NO  
If YES, give details: \_\_\_\_\_

9. Have you or has any other person who to your knowledge will drive, been convicted during the last five years of any offense in connection with any motor vehicle or is any prosecuting pending?  YES  NO  
If yes, please give details \_\_\_\_\_

10. as any Insurance Company either in respect of you or your partners ever:-

(i) Declined your or their proposals?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
(ii) Required you or them to bear the first portion of any loss or imposed other special conditions?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
(iii) Refused to renew or cancelled your or their policy?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
(iv) Required an increased premium?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If the answer to any of the above questions is YES, give details: \_\_\_\_\_

11. Give records of accidents and/or losses during the past three years in connection with any motor vehicle owned or driven by you, your partners or employees whether insured or uninsured including any claim outstanding: \_\_\_\_\_

12. State fully the purpose for which the vehicle(s) will be used: \_\_\_\_\_

13. Do you undertake cartage for other persons?

YES

NO

If YES, give details \_\_\_\_\_  
\_\_\_\_\_

14. (a) Will a Trailer be attached to the vehicle(s)?

YES

NO

(b) If YES, how many? What is the value of each? \_\_\_\_\_  
\_\_\_\_\_

15. If vehicle(s) is used for carrying passengers, are the passengers carried for hire or reward?

YES

NO

YES, please give details: \_\_\_\_\_  
\_\_\_\_\_

## EXTENSIONS TO THE POLICY

**Note:** The following extensions are available on payment of additional premium

Do you require over for personal accident to passengers?

YES

NO

If YES, how many passengers? \_\_\_\_\_  
\_\_\_\_\_

Do you require an increased Third Party Property Damage cover?

YES

NO

If YES, what is the amount required? \_\_\_\_\_  
\_\_\_\_\_

Do you require an increased medical expenses cover?

YES

NO

If YES, what is the amount required? \_\_\_\_\_  
\_\_\_\_\_

Do you require an increased towing expenses Cover?

YES

NO

If YES, what is the amount required? \_\_\_\_\_  
\_\_\_\_\_

Do you require Special Perils Cover Extension?

YES

NO

Do you require Strike and Riots Cover Extension?

YES

NO

## DECLARATION

I/We desire to insure with the Mayfair Insurance Company Limited, the motor vehicle(s) described in the above and I/We hereby warrant that the above statements and particulars are true, and I/We have not suppressed, misrepresented or misstated any material fact and I/We agree that the declarations shall be the basis of the contract between Me/Us and the Company.

I/We further agree that if this proposal in any particular is filled by any other person, such person shall be deemed My/Our agent and not the agent of the company. I/We further declare that I/We have read and understood all particulars entered herein and I/We have signed this after verifying the same to be true and complete in all respects.

Date of Proposal \_\_\_\_\_ Signature and Stamp of proposer \_\_\_\_\_

**THE LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED AND THE PREMIUM HAS BEEN PAID**

FOR OFFICIAL USE ONLY

Branch Manager/Authorise Person(s) signature \_\_\_\_\_ Date \_\_\_\_\_