

## MOTOR PRIVATE PROPOSAL FORM

### IMPORTANT NOTICE

1. The proposal form shall be signed by the proposer.
2. Insurance cover will come into effect once premium is paid for.
3. All questions on these forms must be answered truthfully.

Insurers Policy No.:

Broker/Agent:

### PROPOSER'S DETAILS

Name  Tel.no.  ID no.:

PIN no.  Personal email address:  P.O. Box  Code

Age  Physical Address i.e. Estate/Residence  Road  Hse no.

Employment/Business  Tel:  P.O. Box  Code

Town/City  Office email address  Physical location

### POLICY COVER

Cannon Wheels  Ordinary Comprehensive  Third Party Fire & Theft  Third Party Only

### PERIOD OF INSURANCE

From Date:  To Date:

### MOTOR VEHICLE DETAILS

Registration No.	Make/Model	Body Type	C.C.	Year of Manufacture	Engine no.	Chassis no.	Seating Capacity	Estimated Vehicle Value KSH.

### MOTOR VEHICLE ACCESSORIES

#### STANDARD ACCESSORIES (please (J)

Accessory	Windscreen <input type="checkbox"/>	Radio/cd Inclusive Of Speakers <input type="checkbox"/>	Radio/cd Make/model
Estimated Value Ksh./details			

#### NON STANDARD ACCESSORIES (please (J)

Accessory	Alloy Rims <input type="checkbox"/>	Spot Lamp <input type="checkbox"/>	Roof Rack <input type="checkbox"/>	Sun Shade <input type="checkbox"/>
Estimated Value Ksh.				

**NB:** Unless declared, accessories are not covered. Additional premium will be charged for this non-standard accessories

1. Does the motor vehicle have an anti-theft device fitted?  Yes  No If yes, attach certificate of fitting
2. Is the motor vehicle a left hand drive?  Yes  No
3. Has the car been converted, adopted or modified in any way?  Yes  No If yes, explain

### USAGE OF MOTOR VEHICLE (please (v)

Will the motor vehicle be used for Social Domestic Purposes only

Professional purposes  For your employers or own business  By employees or other parties for work purposes

Carriage of livestock/farm produce/samples  Hire and Reward  Carry fare paying passengers

Leasing out to car hire firms

## PARKED

Is the vehicle usually kept overnight

i. In a locked garage?

Yes  No

ii. In the open at your premises?

Yes  No

iii. Elsewhere?

Yes  No

## OWNERSHIP

Are you the owner of the motor vehicle and is it registered in your name?

Yes  No

If no, state the name and address of the owner(s) in whose name it is registered

Name  Address

Please attach a copy of the log book, your PIN and ID copy for our records.

Is the motor vehicle subject to any hire purchase agreement or any other lien/interest?

Yes  No

If yes, Kindly state name and address of the financier and attach any sale agreement to this effect.

Name  Address

**(please (✓) where appropriate)**

Date motor vehicle purchased

New-showroom vehicle or 2nd Import

2nd Hand Locally purchased

Purchase price Ksh.

## DRIVER

Do you hold a provisional or permanent driving license?

Yes  No

Will any one holding a provisional license be driving your motor vehicle?

Yes  No

If yes, Please name them

Do you, or any other person, who to your knowledge will drive your car, suffer from defective hearing or from any physical infirmity?  Yes  No If yes, Please state

Do you, or any other person, who to your knowledge will drive your car, been convicted for any offence in connection with careless driving in the past five years?  Yes  No If yes, please give details and duration of conviction

## AUTHORIZED DRIVERS

Give details of the driving experience of all persons who will drive the proposed vehicle(s).

NAME	AGE	OCCUPATION	DATE OF ISSUE OF FULL LICENSE

**NB:** On named drivers a discount on premium is applicable

## INSURANCE HISTORY

(i). Are you now or have you been insured in respect of any motor vehicle?

Yes  No

If yes, give details of motor registration and name of insurer

Name of insurer

(ii). Has any company in respect to yourself or any other person who will drive, ever;

(a) Declined your proposal?

Yes  No

(b) Cancelled or refused to renew your policy?

Yes  No

(c) Required an increased premium or imposed special conditions?

Yes  No

(d) Required you or such person to carry the first amount of any loss?

Yes  No

(iii). Do you have any other motor vehicle insured with Metropolitan Cannon Assurance Ltd?

Yes  No

If yes give details

## CLAIMS EXPERIENCE

Kindly give accidents/losses during the last years in connection with any vehicle owned or driven by you whether insured or uninsured including any claims outstanding.

Year	Insurer	Total number of Accidents	Own Damage Estimated Claim Ksh.	Third Party Property Damage Estimated Claim Ksh.	Third Party Person Injury Estimated Claim Ksh.

### NO CLAIM DISCOUNT

Are you entitled to a No Claim Discount from your previous insurers in respect of the vehicle(s) described in the proposal form?

Yes  No (attach proof)

## EXTRA BENEFITS

### 1. PERSONAL ACCIDENT BENEFIT (APPLICABLE TO CANNON WHEELS)

Name of applicant

Date of birth

Occupation

Do you have any personal accident insurance cover with us or another insurer?  Yes  No

If yes, give details

Do you have any physical deformity or infirmity?  Yes  No If yes, give details

Has any insurance company declined your proposal or declined to renew policy?  Yes  No

If yes, give details details

### 2. EXTRA MOTOR VEHICLE COVER

3. Do you wish to insure for the following?

(a) Political violence, sabotage, terrorism, strike, riot and civil commotion? (Amani +)

Yes No

(b) Flood, Typhoon, Hurricane, Volcanic Eruption and Earthquake?

## DECLARATION

I/We declare that to my/our knowledge the answers and particulars given in this proposal are true and complete and that I/We have not withheld any material information and that the vehicle(s) described is/are in good condition. I/We further agree that this proposal and declaration shall be the basis of the contract between me/us and Cannon General Insurance K Ltd whose policy applicable to this insurance I/We agree to accept.

Date

Signature

Stamp

I/We hereby agree to accept this policy subject to the following restrictions:-

(a) The first KSH. of each and every claim made under Section I and II

and Theft Excess of Ksh. to be paid by Me/Us.

(b) Subject to valid driving license at the time of accident.

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

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Regulated by the Insurance Regulatory Authority

