

MOTOR CYCLE PROPOSAL FORM

IMPORTANT

The purpose of this Proposal Form is to provide the Company with all the material information that is likely to influence the assessment of your Proposal. You should complete all questions fully (dashes are not sufficient). Where you are in doubt as to whether a particular piece of information is material you should include it. Failure to disclose all facts may invalidate the cover under your Policy. It is an offence to make a false statement or withhold any material information for the purpose of obtaining a certificate of Motor Insurance. Please also initial any alterations.

1. The Proposer

(a) Name of proposer (in full)
(Please use Block letters)

ID.No./Passport No. Pin No.

(b) Postal Address: P.O. Box Code Town

Telephone Number Fax No

Mobile Email

(c) Physical Address:

(d) Age (not applicable to firms)

(e) How long have you held a driving licence?

(f) Precise business or profession (including part time if any)

(i) In case of firm Contact person:

(ii) If you are a Metropolitan Cannon Assurance client provide your No.

2. Period of Insurance: From To

3. Type of Policy required: *(Please tick option)*

- (a) Comprehensive
 (b) Third Party Fire & Theft
 (c) Third Party

4. Particulars of vehicle(s) to be Insured

(a)

Registration Mark and Numbers	Frame Number / Makers Number	Make/Model of motor cycle. State if sidecar or other attachment will be used	Cubic capacity of engine	Year of manufacture	Seating capacity of side car (if any)	Proposers estimate of value including side car, accessories and spare parts

5. (a) Will Motor Cycle be used exclusively for pleasure?

(b) If not, state exactly for what purpose it will be used

6. (a) State address where Motor Cycle is usually garaged

(b) Is the Motor Cycle normally parked within your premises overnight?

7. State Name and Address of

(a) Owner of Motor Cycle:

(b) Person in whose name Motor Cycles is registered:

(c) Any Finance company or other person financially interested?

8. (a) State date of purchase

(b) Whether new or second-hand

(c) Price paid on purchase

9. (a) Will passenger be carried otherwise than in the sidecar?

(b) If no Sidecar is attached will passengers be carried?

10. (a) Will the Motor Cycle be solely driven by you?

(b) If not, then by whom?

11. (a) Will the Motor cycle be solely driven by members of your family? Yes No

If so, state:

(b) Age(s)

(c) How long they have been driving Motor Cycles continuously?

(d) Whether they have had any Motor Vehicle accidents or losses during the last three years

12. Do you or does any other person who to your knowledge will drive, suffer from defective vision or hearing or from any physical infirmity?

13. (a) Have you or has any other person who to your knowledge will drive, been convicted during the past five years of any offence in connection with any Motor Vehicle or is any prosecution pending? Yes No

(b) If yes, please give particulars

14. How long have you been driving Motor cycles continuously?

(a) State date and place when you passed your driving test

(b) Does your license authorise you to drive the type or Motor Cycle in respect of which this proposal is submitted?

15. Are you now or have you been insured in respect of any Motor Cycle? Yes No

If so, please state name of the Company or underwriter?

16. (a) Are you entitled to a No Claim Discount? Yes No

(b) If so, with which Company were you previously insured?

17. Has any Company or underwriter ever:

(a) Declined your proposal form?

(b) Required you to take the first portion of any loss or imposed other special conditions?

(c) Required an increased premium?

(d) Refused to renew or cancelled the policy?

18. Have there been ANY ACCIDENT OR LOSS during the FIVE YEARS in connection with Motor Vehicles owned or used by you?

Yes No

Year	Total number of motor vehicles owned by the proposer	Total number of accidents and losses	Damage to motor vehicle owned or driven by the proposer	Third party	Others
		<i>Paid outstanding</i>	<i>Paid outstanding</i>	<i>Paid outstanding</i>	<i>Paid outstanding</i>

I/We the undersigned do hereby warrant the truth and correctness of all the above statements and particulars and I/We declare that I/We have not withheld any material information. I/We undertake that the Motor Cycle or Motor Cycles to be insured shall not be driven by any person who to my knowledge has been refused any Motor Vehicle Insurance or continuance thereat. And I/We agree that the above proposal and this Warranty and Declaration shall be the basis of the Contract between me/us and the CANNON GENERAL INSURANCE (KENYA) LTD and I/We agree to abide by the terms and conditions of the policy issued in answer to this proposal.

Dated: Signature of Proposer:

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

