

## JUBILEE ALLIANZ GENERAL INSURANCE (K) LIMITED

### Head Office:

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### AGENT/BROKER/DIRECT

### COVER NOTE NO.

### PROPOSAL NO.

### POLICY NO.

### CERTIFICATE/STICKER NO.

1. Name of Proposer in full

2. Postal address

Postal code

Telephone - Office

House

Mobile

ID No./Certificate of Incorporation

PIN No.

Fax

Email

3. Occupation

4. Period of insurance required from DD/MM/YYYY

to DD/MM/YYYY

5. Scope of insurance covered

Comprehensive

Third Party/Fire & Theft

Third Party

### Particulars of Motor Cycle(s) to be insured (Scheduled)

MAKE OF MOTOR CYCLE	REGISTRATION NO.	MANUFACTURER'S NO.	CC	DATE OF MANUFACTURE	PURCHASE PRICE TO BE INSURED	COST PRICE WHEN NEW	DATE OF DELIVERY TO PROPOSER	NEW OR SECOND -HAND	ESTIMATED PRESENT VALUE (INCLUDING ACCESSORIES)

6. Where is the motor cycle usually garaged?

7. When was the motor cycle last overhauled and by whom:

Date DD/MM/YYYY

Company

8.

a. Is the motor cycle your sole property?

Yes No

b. Has it been paid for in cash?

Yes No

c. Does a hire-purchase company have an interest in the motor cycle?

Yes No

*If yes, give name and address*

- |  |     |    |
|--|-----|----|
| 9. Do you intend using a side-car in conjunction with the motor cycle you now propose to insure? | Yes | No |
| 10. Will the motor cycle be driven solely by you?  | Yes | No |

*If not, state name or names of extra drivers*

- 11.
- |   |     |    |
|---|-----|----|
| a. What is the extent of your driving experience?   |     |    |
| b. Do you or does any other person who to your knowledge will drive hold a provisional license? | Yes | No |
| c. For how long have you held a driving license? DD/MM/YYYY                                     |     |    |
| d. When was it last renewed?  |     |    |

- |  |     |    |
|--|-----|----|
| 12. Have you, or any of the drivers detailed in Question 10 ever been charged with improper driving? | Yes | No |
|--|-----|----|
- If 'Yes' provide details*

- |   |     |    |
|---|-----|----|
| 13. Will the motor cycle be used solely for private purposes? | Yes | No |
|---|-----|----|
- If not, state for what purpose it will be used*

- |  |     |    |
|--|-----|----|
| 14. Have you, or any of the drivers detailed in Question 10 any physical defect or infirmity, or have you or they suffered from a fit of any kind? | Yes | No |
|--|-----|----|
- If 'Yes' provide details*

- |   |     |    |
|---|-----|----|
| 15. Has any motor cycle owned by you ever sustained damage? | Yes | No |
|---|-----|----|
- If 'Yes' state number of accidents, approximate dates and amount of damage*

- |  |     |    |
|--|-----|----|
| 16. Have any claims been made upon you in connection with a motor cycle? | Yes | No |
|--|-----|----|
- If 'Yes' state the number of claims, approximate dates and amount of claims*

- |   |     |    |
|---|-----|----|
| 17. Have you ever proposed for Motor Cycle Insurance? | Yes | No |
|---|-----|----|
- If 'Yes' state company or underwriter*

- |  |     |    |
|--|-----|----|
| 18. Has any company or insurer in respect of Motor Cycle Insurance ever: |     |    |
| a. declined to insure you?   | Yes | No |
| b. required special terms to insure you?                                 | Yes | No |
| c. cancelled or refused to renew your insurance?                         | Yes | No |
| d. increased your premium on renewal?                                    | Yes | No |
- If 'Yes' to any of the above, give details*

19. Do you desire to bear any portion of claims?

If yes, state the amount *Kshs.*

20. From whom was the motor cycle purchased?

#### PERSONAL ACCIDENT SECTION

1. Name of person to be insured in full

2. Age of person to be insured

3. Occupation/profession of person to be insured

4. Has the person any physical defect or infirmity?

Yes

No

*If 'Yes' provide details*

5. Has the person at present any Personal Accident Policy?

Yes

No

*If 'Yes' provide details*

6. Has any company ever declined this person's Proposal or refused to renew their Policy?

Yes

No

*If 'Yes' provide details*

**The liability of Jubilee General Insurance Limited does not commence until the proposal has been accepted and the premium paid.**

#### DECLARATION

I/We hereby warrant that the above statements and particulars are true and I/We have not suppressed, misrepresented or mis-stated any material fact. I/We agree that this declaration shall be the basis of the contract between me/us and Jubilee General Insurance Limited, and I/We desire to insure with Jubilee General Insurance Limited the vehicle or vehicles described in the above Proposal.

Date *DD/MM/YYYY*

Signature of Proposer