

PRIVATE CAR(S) PROPOSAL FORM

JUBILEE ALLIANZ GENERAL INSURANCE (K) LIMITED

Head Office:

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AGENT/BROKER/DIRECT COVER NOTE NO.

PROPOSAL NO. POLICY NO.

1. Name of Proposer in full	
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2. Postal address Postal code

Telephone - Office House Mobile

ID No./Certificate of Incorporation PIN No.

Email

3. Occupation/profession

4. Scope of insurance covered from DD/MM/YYYY to DD/MM/YYYY

5. Particulars of Car(s) to be insured (Schedule)

REGISTRATION NO.	MAKE & TYPE OF BODY	COLOUR	CHASIS NO.	ENGINE NO.	CC	YEAR OF MANUFACTURE	SEATS INCLUDING DRIVER	DATE PURCHASED & PRICE PAID	PRESENT ESTIMATED VALUE	REGISTRATION DATE
1.	Make								(including accessories)	
	Body									
	Model									
2.	Make									
	Body									
	Model									
3.	Make									
	Body									
	Model									
4.	Make									
	Body									
	Model									

6. For what purpose will the car(s) be used?

- a. Exclusively for social, domestic and pleasure purposes Yes ☐ No ☐
- b. For professional purposes Yes ☐ No ☐
- c. By you personally in connection with your own or your employer's business Yes ☐ No ☐
- d. By employees or other parties in connection with your own or your employer's business Yes ☐ No ☐
- e. For the carriage of samples or trade goods or farm requisites, produce or livestock Yes ☐ No ☐

7. a. Is the car(s) your sole and absolute property? Yes ☐ No ☐

b. From whom was/were the car(s) purchased?

8. Does a hire-purchase company have an interest in the car(s)? Yes ☐ No ☐

If "Yes" give name and address

9. a. Have you any other car insured with Jubilee Allianz General Insurance (K) Limited? Yes ☐ No ☐

If "Yes" give name and address

b. How many of them will be used at a time?

10. Will the car(s) be driven by

- a. the Proposer? Yes No ☐ ☐
- b. a paid driver? Yes No ☐ ☐
- c. anyone else? Yes No ☐ ☐

11. Do you desire to bear any portion of the claim?

If 'Yes' state amount

12. To your knowledge, do you or any other person who will drive the car(s) suffer from defective vision or hearing or any physical infirmity? Yes ☐ No ☐

13. To your knowledge, have you or any other person who will drive the car(s) been convicted with any driving offence during the past five years? Yes ☐ No ☐

14. a. What is the extent of your driving experience?

b. To your knowledge, do you or any other person who will drive the car(s) hold a Provisional Licence? Yes ☐ No ☐

c. How long have you/they held a Driving Licence?

d. When was it last renewed?

15. Give details of the number of vehicles you have owned during the past five years together with the names of the insurance companies with whom they have been insured.

16. Give below records of accidents and/or losses during the past five years in connection with any motor vehicle owned or driven by you, whether insured or uninsured, including any claims outstanding.

TOTAL NUMBER OF ACCIDENTS AND LOSSES

YEAR	TOTAL NO. OF MOTOR VEHICLES OWNED BY PROPOSER	TOTAL NO. OF ACCIDENTS AND LOSSES		DAMAGE TO PROPOSER'S MOTOR VEHICLE		THIRD PARTY		OTHER ACCIDENTS	
				No.	Amount	No.	Amount	No.	Amount
			Paid						
			Outstanding						
			Paid						
			Outstanding						
			Paid						
			Outstanding						
			Paid						
			Outstanding						
			Paid						
			Outstanding						
			Paid						
			Outstanding						
			Paid						
			Outstanding						
			Paid						
			Outstanding						

17. To your knowledge, state fully if the proposed motor car(s) has had any previous accident(s).

Yes ☐ No ☐

If 'Yes' give details

18. Has any company or underwriter ever

- | | | |
|---|--------------------------|--------------------------|
| a. declined your proposal? Yes No | <input type="checkbox"/> | <input type="checkbox"/> |
| b. required an increased premium? Yes No | <input type="checkbox"/> | <input type="checkbox"/> |
| c. required you to bear the first portion of any loss? Yes No | <input type="checkbox"/> | <input type="checkbox"/> |
| d. refused to renew or cancelled your policy? Yes No | <input type="checkbox"/> | <input type="checkbox"/> |

19. Are you entitled to a 'No Claim' bonus?

Yes ☐ No ☐

If 'Yes' for how many years to this date have you previously been insured continuously without claim and with which insurance companies?

20. Are there any additional facts or circumstances affecting the proposed insurance which should be disclosed to Jubilee Allianz General Insurance (K) Limited for their consideration of the risk?

Yes ☐ No ☐

If 'Yes' give details

21. Do you wish to cover for windscreen and window glasses?

Yes ☐ No ☐

If 'Yes' indicate the limit of liability

Kshs.

22. Is your vehicle fitted with pilot windows?

Yes ☐ No ☐

If 'Yes' how many?

23. Is your vehicle fitted with a radio cassette or CD player?

Yes ☐ No ☐

If 'Yes' give the make, value and serial number

24. Is your vehicle fitted with anti-theft devices?

Yes ☐ No ☐

If 'Yes' give details. Note that without approved anti-theft devices, no theft cover will be granted (see the attached Warranty)

25. Any other accessories?

Yes ☐ No ☐

If 'Yes' give details, make, value and serial number

26. Any extra benefits?

Yes ☐ No ☐

If 'Yes' give details

No insurance will be in force until a motor certificate is issued by Jubilee Allianz General Insurance (K) Limited or its authorised agents.

DECLARATION

I/We desire to insure with Jubilee Allianz General Insurance (K) Limited the motor car(s) described in the above proposal and I/We hereby warrant that the above statement(s) and particulars are true and I/We have not suppressed, misrepresented or mistated any material fact and I/We agree that this declaration shall be the basis of the contract between me/us and Jubilee Allianz General Insurance (K) Limited.

Date

Signature of Proposer