

GA MOTOR INSURANCE PROPOSAL FORM &M BANCASSURANCE

1. DETAILS OF PROPOSER:

Full Names (BLOCK LETTERS) _____

Address: P.O. Box _____ Code _____ Town _____

Off. Tel No. _____ Mobile No. _____

E-mail _____ PIN NO. _____ ID NO _____

Occupation/Business _____ Employer(If applicable) _____

Bank Branch _____ A/C No. _____ A/C Name _____

2. THE COVER & DETAILS OF VEHICLE:

Period of insurance: From _____ to _____

Cover required : Comprehensive _____ Third Party Only _____

Date vehicle Purchased _____ Purchase Price _____

Name of Financier (if any) _____

	Reg. No.	Engine No.	Chasis No.	Make & Body type	Year of Man	Seating capacity	Sum Insured
1							
2							
3							

Uses (Tick as applicable)

Use of the vehicle	Cover extensions	Rating
1.Private <input type="checkbox"/>	1.Courtesy car <input type="checkbox"/>	Premium rate <input type="checkbox"/>
2.Commercial(Own goods) <input type="checkbox"/>	2. Excess protector <input type="checkbox"/>	Less NCD(%) applicable <input type="checkbox"/>
3. Commercial(G-cartage) <input type="checkbox"/>	3. Terrorism <input type="checkbox"/>	Net premium rate <input type="checkbox"/>
4.Institutonal (Bus/Van) <input type="checkbox"/>	4.SRCC <input type="checkbox"/>	Basic premium <input type="checkbox"/>
5. Commercial –PSV <input type="checkbox"/>	5. Road rescue <input type="checkbox"/>	Additional premium <input type="checkbox"/>
	AAK () or Infama () <input type="checkbox"/>	On extensions <input type="checkbox"/>
6.Special Type vehicle (Tractors, excavators, Ambulances,hearses etc) <input type="checkbox"/>	6.Political Violence <input type="checkbox"/>	Levies <input type="checkbox"/>
	7. Passenger Legal Liability <input type="checkbox"/>	Stamp Duty <input type="checkbox"/>
		Total premium <input type="checkbox"/>

Total Premium.

If vehicle is used for carrying goods state type of goods: _____

Mode of Premium Payment (Tick as applicable): Cash IPF RTGS EFT Cheque

3. INSURANCE & CLAIMS HISTORY.

Name of Previous Insurer _____ Period Insured _____

Has any Insurer:

Declined your proposal for insurance? YES NO

Cancelled or Refused to renew your Policy? YES NO

Required an increased premium on renewal? YES NO

Have you ever suffered any loss or damage in the last three years in respect of motor vehicle whether insured or not? Yes NO

(Tick appropriately).

If yes give brief details below.

DECLARATION.

I do hereby declare that the above answers and statements are true and that I have withheld no material information regarding this proposal.

DATED _____ SIGNATURE OF PROPOSER _____

I&M BANK SALES REP's NAME: _____ CODE NO. _____

OFFICIAL USE ONLY.

Documentation (Tick if provided)

Valuation Report Logbook copy Copy of ID Driving license copy
Proposal form NCD Certificate KRA PIN

CHECKED BY _____ SIGN _____