

Restrictions applying to learner drivers and young and inexperienced drivers if comprehensive cover is required

The Comprehensive Policy will not cover any loss or damage to the motor vehicle arising from accidental collision while the motor vehicle is driven by or is in the charge of either

- a) a learner holding a provisional driving license or
- b) any person who is not over 21 years of age

NOTE
No-claim Discount
This rebate is granted by the company off the renewal premium where no claim has been made in the previous year or consecutive years of insurance. Insurances transferred from other Offices are effected without loss of No-Claim Discount up to the usual limits of this Company. The amount of the rebate depends on the number of years during which the Insurance has run free from claims.

REAL INSURANCE COMPANY LIMITED
Royal Ngao House, Hospital Road P.O. Box 40001 00100 Nairobi, Kenya
Tel: +254 (20) 2712620 Fax: +254 (20) 2717888/2713831
Email: general@realinsurance.co.ke

REAL INSURANCE COMPANY LIMITED

COMMERCIAL VEHICLES INSURANCE - PROSPECTUS

COMPREHENSIVE POLICIES

Liability to Third Parties including legal expenses

(a) Death of or bodily injury to any person	.....	Amount of Indemnity	.....	Unlimited
(b) Damage to Property	.....	Amount of Indemnity	.....	Shs 2,000,000 each accident

Loss of or damage to the Vehicle including Fire and Theft risks.

THIRD PARTY POLICIES

Liability to Third Parties including legal expenses

(a) Death of or bodily injury to any person	.....	Amount of Indemnity	.....	Unlimited
(b) Damage to Property	.....	Amount of Indemnity	.....	Shs 2,000,000 each accident

THIRD PARTY FIRE AND THEFT POLICIES

If desired, the risk of Loss or Damage to the Vehicle by Fire and Theft can be added to a Third Party Policy.

A specimen policy giving full details of the cover will be supplied on request

Agency: _____

REAL INSURANCE COMPANY LIMITED

COMMERCIAL VEHICLES INSURANCE – PROPOSAL FORM

IMPORTANT: It is an offence under the ROAD TRAFFIC ACT to make a false statement or withhold any material information for the purpose of obtaining a Certificate of Motor Insurance and great care must be taken to ensure that this form is completed in every particular. Please also initial any alterations.

Definite replies should be given to all the questions which should not be answered by means of a dash or a tick.

Period of Insurance: From _____ To: _____

AGENCY _____ POLICY NO: _____

1 YOURSELF (“THE PROPOSER”)

(a) Name of Proposer (in full) _____

PLEASE USE BLOCK CAPITALS

(b) Postal Address _____

Telephone Number (i) Residential _____ (ii) Office _____

(c) Precise Business or Profession _____

2 (a) PARTICULARS OF VEHICLES TO BE INSURED

Engine Number	Chassis Number	Registered Letters and Numbers	Make of Vehicle	Type of Body	Maximum Carrying Capacity	Year of Make	Value of Car including accessories and spare parts

PLEASE ENCLOSE COPIES OF THE LOG BOOKS

(b) State if Vehicle(s) is/are and will be well maintained and kept in a thorough state of repair _____

(c) Address where Vehicle(s) usually garaged _____

(d) Area in which Vehicle(s) normally used _____

(e) Are you the sole and absolute owner of the Vehicle? If not, give particulars of any other interest _____

(f) Have the Vehicle(s) been altered or adapted to carry a load heavier than that permitted by the Makers Specification? If so, please give details _____

3 COVER REQUIRED

State type of cover required

(Delete whichever do not apply)

(a) Comprehensive

(b) Third Party, Fire and Theft

(c) Third Party only

4 USE OF VEHICLE

a) State fully the purposes for which the Vehicle(s) will be used _____

b) State the nature of goods carried _____

c) Do you undertake carriage for other persons? _____

d) Will a Trailer be attached to the Vehicle(s)? _____

If so, please state (a) How many to each vehicle _____

(b) Value of each _____

(c) Maximum carrying capacity of each _____

(d) Registered letter(s) and number(s) _____

e) Is the Vehicle or Trailer to be used for the carriage of passengers for hire or reward? _____

5 ABOUT THE DRIVERS

To the best of your knowledge and belief, have you, or has any other person who to your knowledge will drive:

- (a) (i) defective vision or hearing or any other physical or mental infirmity? (a) (i) _____
- (ii) now or within the last 5 years, suffered from diabetes, fits or any complaints of the heart? (ii) _____
- (b) been convicted of any offence in connection with the driving of any motor vehicle? If so, state date and nature of penalty (b) _____

6 CLAIMS RECORD

In the same below, state against each of the past three years the total number of Vehicles owned and particulars of all accidents or losses in connection with all Motor Vehicles owned or driven by you.

Year	Total Number of Vehicles owned by proposer	Damage to Proposer's Vehicle		Third Party		Others		Damage to Proposer's Vehicle		Third Party		Others	
		No.	Amount	No.	Amount	No.	Amount	No.	Amount	No.	Amount	No.	Amount

7 PREVIOUS INSURERS

- (a) Are you now or have you been insured in respect of any motor vehicle? If so, please state name of Insurers _____
- (b) Has any Insurer in respect of yourself or any other person who will drive, ever:
 - (i) declined a proposal or cancelled or refused to renew a policy? _____
 - (ii) required an increased premium or imposed special conditions? _____
 - (iii) required you or such person to carry the first amount of any loss? _____

8 NO CLAIM DISCOUNT

Are you entitled to a No-Claim-Discount from your previous Insurers in respect of any of the cars described in the proposal? If so, please attach the latest renewal notice _____

9 EXTRA BENEFITS FOR WHICH AN ADDITIONAL PREMIUM IS REQUIRED

(please indicate below if required)

- (a) Windscreen extension _____
- (b) Strike, Riot and Civil Commotion extension _____
- (c) Flood, Typhoon, Hurricane, Volcanic Eruption, Earthquake, or other convulsion of nature extension _____
- (d) Legal Liability to Passengers _____

DECLARATION

I/We, the undersigned, desire to effect an insurance in the terms of the Policy to be issued by the above-named Company. I/We hereby declare that all the above statements and particulars, which I/We have read over and checked, are true : that I/We have not suppressed, misrepresented or misstated any material fact and I/We agree that this declaration shall be the basis of the Contract between Me/Us and the Company.

Date Signature of Proposer

LIABILITY DOES NOT BEGIN UNTIL THIS PROPOSAL HAS BEEN ACCEPTED BY THE COMPANY AND THE PREMIUM PAID,
EXCEPT AS PROVIDED BY ANY OFFICIAL COVER NOTE ISSUED BY THE COMPANY