

MOTOR CYCLE INSURANCE

PROSPECTUS AND PROPOSAL FORM

REAL INSURANCE COMPANY LIMITED
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Agency:

REAL INSURANCE COMPANY LIMITED

MOTOR CYCLE INSURANCE – PROPOSAL FORM

PLEASE USE CAPITAL LETTERS

Full Name of Proposer

Postal Address

Tel. No:

Profession or Occupation

Date of Birth

Period of Insurance

From

To

ALL QUESTIONS MUST BE ANSWERED FULLY BY THE PROPOSER. IF YOU HAVE TICKED A SHADED BOX PLEASE GIVE FULL DETAILS

1. Particulars of Motor Cycles to be insured:

Registration Mark	Make	Frame No.	Cubic Capacity	Year of Manufacture	Seating Capacity of side-car (if any)	Price Paid by Proposer	Date of Purchase	New or Secondhand	Estimated value including Accessories and Spare Parts	
									Cycle	Side Car

Address at which Motor Cycle(s) is usually garaged _____

2. Is the Motor Cycle now in a thorough state of repair?

YES NO

3. Are you the owner of the Motor Cycle and is it registered in your name? If not, state name and address of the owner and of person in whose name the Motor Cycle is registered.

YES NO

4. Will the Motor Cycle be used (a) solely for your social, domestic and pleasure purposes? Or (b) for business purposes? If the latter, will it be used for the carriage of goods?

5. Will the Motor Cycle be driven solely by you?

YES NO

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

YES NO

7. What previous motor-cycling experience have you had?

8. Are you now or have you been insured in respect of any Motor Cycle or other Motor Vehicle? If so, state name of Company or Underwriter.

YES NO

9. Has the Company or Underwriter ever:-

i) declined your proposal?

YES NO

ii) required an increased premium or imposed special conditions?

YES NO

iii) cancelled or refused to renew your policy? If so state name of insurer and give details.

YES NO

10. What accidents or losses have occurred during the last three years in connection with any Motor Cycles owned or used by you?

Year	No. of Motor Cycles	No. of Claims	Loss of or Damage to Motor cycles	Claims by Third Parties	Other Claims

11. Have you or has any other person who to your knowledge will drive been convicted of any offence in connection with the driving of any Motor Vehicle during the past five years?

YES NO

12. Are you entitled to a Non-Claim Discount from your previous insurers in respect of any Motor Cycle described above? If so, please attach Renewal Notice.

YES NO

13. Do you require a "Comprehensive" Policy? If not, state cover required.

YES NO

DECLARATION

I/We, the undersigned, desire to effect an Insurance in terms of the Policy to be issued by the 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 agreed that this Declaration shall be the basis of the Contract between me/us and the Company.

Date Signature of Proposer

The Liability of the Company does not commence until the proposal has been accepted and the first premium paid.