




PASSENGER SERVICE VEHICLE

ANNUAL COMPREHENSIVE INSURANCE PROPOSAL FORM

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3. PARTICULARS OF PROPOSED MOTOR VEHICLE(S)

3-A. MOTOR PSV
(THE PROPOSER DECLARES THAT THE VEHICLE(S) IN SECTION 3(A) ARE USED ONLY FOR THE CARRIAGE OF PASSENGERS FOR HIRE AND REWARD)

Registration Marks	Logbook No.	Chassis No.	Engine No.	Year of Manufacture	Make & Model	CC	Type of Body (Van, Mini-Bus, Bus) S/wagon, Truck, Tractor	Legal Seating /Carrying Capacity (Excluding Driver)	Specify Use of vehicle (see important notes below)

3-B. Do you require a Financier's Interest noted on the policy for any vehicle(s) declared above? Yes No
 Vehicle Registration.....
 Name of Financier.....

3-C. Where are the vehicle(s) usually garaged/kept (Give Physical address & if various please specify).....

 In a building.....
 In the open.....

4. PARTICULARS OF AUTHORISED DRIVER(S)

To the best of your knowledge, do you, or any other person who will drive the proposed Motor Vehicle(s)
 a) Suffer from defective vision or hearing or from any physical or mental infirmity or disease? Yes No
 If yes, give details

b) Been convicted during the past five years with any offence in connection with driving of any Motor Vehicle(s)?
 Yes No
 If yes, give details.....

Give details of the driving experience of all persons (including you) who will drive the proposed vehicle(s).

Registration Marks	Principal Driver's Name	Driving Licence Number	Date First Licensed	PSV License Number (If PSV Driver)	Driver's ID Number	Gender	Pin Number	Date of Birth/Age in Years

5. OWNERSHIP

A) Are you the owner of the vehicle(s)? Yes No

B) (i) Are all the vehicle(s) registered in your name? Yes No
 If No, State the name and address of the person in whose name the vehicle(s) are registered

ii) Is the vehicle(s) under transfer? Yes No
 (If yes, please attach a copy of the duly signed transfer form)

iii) Has the vehicle(s) been assigned to you? Yes No
 (If yes, please attach a copy of the assignment documents)

C) Has any of the vehicle(s) been converted, adapted or modified in any way? Yes No
 If yes, give details.....

D) Which Sacco is your Motor PSV vehicle registered with?.....

6. PREVIOUS INSURANCE

(a) Are you now or have you been insured in respect of any Motor Vehicle(s)? If so, state name of Insurance Company and the Policy No.

(b) Has any Insurance Company at any time, declined your motor proposal or cancelled or refused to renew an existing motor policy held by you?
 If Yes, give reasons.....

7. PROPOSER'S CLAIMS HISTORY

Give here below any record of accidents/losses during the last three years in connection with any motor vehicle(s) owned, driven or used by you, or your authorized drivers.

Date of Accident	Type of Claim (Own Damage/Third Party)	Insurer	Claim Amount	Brief Details of the Accident

INSURANCE PREMIUM FINANCE AGREEMENT

PREMIUM FINANCING DETAILS			
A. Amount Payable to Directline Assurance Co Ltd (As per 8 above)	Kshs.		
B. No. of installments (tick)	<input type="checkbox"/> 3 Installments	<input type="checkbox"/> 6 Installments	<input type="checkbox"/> 10 Installments
C. Load Amount (load rate *premium)	Kshs.	E. Installment Amount (D/B)	Kshs.
D. Total Amount Due (A + C)	Kshs.	F. *Installment date of the Month	Kshs.

- The first installment is payable on inception of cover in cash or by bankers cheque
- All other installments are payable in periods of not more than thirty days from the date of the previous installment
- The maximum number of installments for the total amount due is as shown below:
 1. From Kshs. 5,000 to Kshs. 20,000 – maximum 3 installments
 2. From Kshs. 20,001 to Kshs. 100,000 – maximum 6 installments
 3. Above Kshs. 100,001 – maximum 10 installments

DEBT ACKNOWLEDGMENT & NOTICE OF ASSIGNMENT

I/We, **HEREBY CONFIRM THAT THE POLICY (IES)** financed under the Premium Finance Agreement(s) are validly issued and existing **AND** that the amount of the outstanding premiums are not less than the certified as outstanding as per the above schedule.

DIRECTLINE ASSURANCE COMPANY

I/We acknowledge that Directline Assurance Company may deal with our account as follows:

1. Open an account in the name of the undersigned and to debit the said account with the Total Amount due.
2. To allow me/us to repay the sums debited into our account that is, the total amount due in monthly installments specified as "Installment Amount" on this debt acknowledgment.
3. To debit my/our account with liquidated damages at the rate of two percent (2%) of the total account balance, as a charge for any installment amount which has become due but remains unpaid on the due date/s indicated as installment day of the month" during the subsistence of this agreement until all the amounts due are paid notwithstanding that such amounts may have been demanded or not.
4. To cancel and/or terminate the Insurance Policy whose insurance premium is the subject of this acknowledgment of debt in the event that any installment payable is not paid by its due date. I/We agree that the Company shall cancel/terminate the Insurance Policy without giving me/us any notice.
5. I/We shall indemnify the Company for all legal costs and disbursements that they may incur in the course of recovering the debt from me/us, and do hereby acknowledge and agree that this acknowledgement of debt is incorporated and shall be read together with the policy terms and conditions.
6. I/We warrant that my/our bank account, which is subject to the direct debit authority or installment cheques or bank standing order, will remain open until my debt to the Company is paid in full.
7. That the company may in accordance with section 130 of the Transfer of Property Act 1882, assign all the contract rights and interest in the debt acknowledgement and the policy to Diamond Trust Bank or ANY Financial Institution. I/We hereby undertake to pay the Bank/Institution all sums payable under the agreement(s).

I/We hereunder affix our signature/s to confirm that i/We have perused and understood the aforesaid terms and conditions to which we have agreed to be bound by without exclusion whatsoever.

(Signature of Proposer)..... Date.....