



MOTOR VEHICLE INSURANCE PROPOSAL FORM

THIRD PARTY ONLY

 Directline Assurance Company Ltd., Hazina Towers, 17th Flr, Monrovia Street, P.O. Box 40863, 00100 - Nairobi, GPO, Kenya, Tel: (254 020) 2242405, Fax: (254 020) 2242746, Pilot Line: (254 020) 3250000, Email: info@directline.co.ke **Tom Mboya Office** - Diamond House, 2nd Flr, Tom Mboya, Tel: (254 020) 341677, 341678, 341679 Fax: (254 020) 2212193 **Mombasa Branch** - Diamond Trust Bank House, Moi Avenue Tel: (254 041) 2319436, 2319437, 2319438 Fax: (254 041) 2319425 **Nakuru Branch** - Biashara Centre, 4th Flr, Mburu - Gichuha Rd. Tel: (254 051) 2213914, 2213929, 2213933 Fax: (254 051) 2213970 **Nyeri Branch** - Rhine House, Off Gakere Road Tel: (254 061) 2031356, 2031357, 2031358 Fax: (254 061) 2031359 **Thika Branch** - Thika Arcade 1st Flr, Kenyatta Highway Tel: (254 067) 22418, 22419, 22420 Fax: (254 067) 22421 **Kerugoya Branch** - KDCU Building, Ground Flr Kerugoya - Kutus Road Tel: 060-21312, 060-21313 or 060-21287 **Meru Branch** - Alexander House, Ground Flr, Ghana Street Tel: (254 064) 32355, 32356, 32357 Fax (254 064) 32358

9. PREMIUM DUE

Premium Inclusive of all taxes	Kshs.
Stamp Duty	Kshs. 40
Total Premium due	Kshs.

10. 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)	3 Installments	6 Installments	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 instalment
- The maximum number of installments for the total amount due is as shown below:
 - From Kshs. 5,000 to Kshs. 20,000 – maximum 3 installments
 - From Kshs. 20,001 to Kshs. 100,000 – maximum 6 installments
 - Above Kshs. 100,001 – maximum 10 installments

DEBT ACKNOWLEDGEMENT & 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 amount certified as outstanding as per the above schedule.

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

- To open an account in the name of the undersigned and to debit the said account with the Total Amount due.
- 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 acknowledgement.
- To debit my/our account with a liquidated damages charge 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 "instalment 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.
- To cancel and/or terminate the Insurance Policy whose insurance premium is the subject of this acknowledgement 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.
- I/We 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.
- 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/our debt to the Company is paid in full.
- That the company may in accordance with section 130 of the Transfer of Property Act 1882, assign all the contract rights and interest in this debt acknowledgement and the policy to Diamond Trust Bank or any Financial Institution. I/We hereby undertake to pay the Bank/Financial Institution all sums payable under the agreement(s).

IMPORTANT CONDITIONS:

- Indemnity provided by the policy arising from this proposal only applies after the payment of full premium.
- In the event of an accident do not accept liability, we shall act on your behalf.
- All accidents must be reported immediately to Directline Assurance Company (hereinafter called 'the Company') upon occurrence but not later than 30 days after its occurrence failure to which the claim will be repudiated.

Policy Number	
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Broker/Agent Name	
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1. PROPOSER'S DETAILS

Part A, B & C below: If the Proposer is a Corporate (partnership or limited liability company), complete Part A;
If the Proposer is an individual, complete Part B.
All Proposers (Corporate and Individuals) must fill part C.

A. CORPORATE (THE FIELDS IN BOLD MUST BE COMPLETED)

Business/ Organisation Name			
Business/ Company Registration Number		Name and Designation of Contact Person	

B. INDIVIDUAL (THE FIELDS IN BOLD MUST BE COMPLETED)

Name	M F												Title (Mr., Mrs., Ms., Dr., etc)		
													Middle Initials		
ID Number/Passport Number											Date of Birth				
Drivers License Number											Date First Licensed				

C. DETAILS (THE FIELDS IN BOLD MUST BE COMPLETED)

P. O. Box Number		Code		PIN Number	
Town				E-mail address or Fax Number	
Telephone No (s) - Land line	Code		Number	Type of Business or Occupation	
Telephone No (s) - Mobile	Code		Number	Physical Address (Building/ Street)	

2. POLICY PERIOD

Start Date		End Date		No. of Days or Months	
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IMPORTANT NOTICE:

- All premiums attract the following levies:- 0.2% Training Levy, 0.25%PHCF and 40/= Stamp Duty (New Business Only)
- All premiums must be in CASH,M-PESA,Bankers cheque or Insurance Premium Finance
- The Proposal Form MUST be duly completed and signed by the Proposer or his/her assigned representative.

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)

IMPORTANT NOTES
The specified use is as follows:-
i) PSV MATATU
ii) PSV BUS
iii) PSV TAXI
v) PRIVATE HIRE

3-B. MOTOR COMMERCIAL

a) STATE THE PURPOSE FOR WHICH THE VEHICLE WILL BE USED
i) SOLELY FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES
ii) FOR THE PURPOSE OF YOUR OWN OR YOUR EMPLOYERS BUSINESS
iii) BUSINESS USE BY EMPLOYEES IN YOUR FIRM IN CONNECTION WITH YOUR BUSINESS
iv) FOR CARRIAGE OF GOODS FOR HIRE OR REWARD

Registration Marks	Logbook No.	Chassis No.	Engine No.	Year of Manufacture	Make & Model	CC	Colour	Type of Body (Van, Mini-Bus, Bus) S/wagon, Truck, Tractor	Tonnage	Legal Seating /Carrying Capacity (Excluding Driver)	Specify Use of vehicle 3-B a (i), (ii), (iii), (iv)

b) Is any of the above listed vehicles carrying dangerous goods; if yes give details.....
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3-C. MOTOR PRIVATE

a) STATE THE PURPOSE FOR WHICH THE VEHICLE WILL BE USED
i) SOLELY FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES
ii) FOR THE PURPOSE OF YOUR OWN OR YOUR EMPLOYERS BUSINESS
iii) BUSINESS USE BY EMPLOYEES IN YOUR FIRM IN CONNECTION WITH YOUR BUSINESS

Registration Marks	Logbook No.	Chassis No.	Engine No.	Year of Manufacture	Make & Model	CC	Colour	Type of Body (Van, Mini-Bus, Bus) S/wagon, Truck, Tractor	Tonnage	Legal Seating /Carrying Capacity (Excluding Driver)	Specify Use of vehicle 3-C a (i), (ii), (iii)

4. SAFETY MEASURES

a) Is the vehicle usually kept overnight

i) In locked garage Yes No

ii) In open at your premises Yes No

iii) Elsewhere Yes No

If yes to any of the above give details.....
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5. 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

6. 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
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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?.....

7. 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.
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(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.....

8. 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

11. DECLARATION AND AGREEMENT

1. I/We the above named Proposer declare that:
 - a) The information I/We have provided above is correct and factual.
 - b) I/We have disclosed all the material facts affecting the assessment of the insurance risk involved for the above said motor vehicle(s) (hereinafter called the vehicle(s))
 - c) The vehicle(s) herein are solely used for the purpose stated in Section 3 (a), (b) and (c) above. d) The vehicle(s) herein are now and shall always be of sound and roadworthy condition.
 - e) The vehicle(s) has/have complied with all current laws rules and regulations including all rules and regulations imposed by the Traffic Act and the Transport Licensing Board.
 - f) If the declarations given in 1(a), (b), (c), (d) and (e) above are found not to be accurate or the information in this proposal form is found to be inaccurate, then I/we will indemnify the company against any loss the company may incur out of the issuing of an insurance policy from this proposal.

2. I/We agree that in consideration of the Company insuring and continuing to insure the vehicle(s) herein on the basis of this proposal form (or any other vehicle(s) which I/We might request to be included as part of the Insurance policy issued under this proposal) on such terms and conditions as are included in the Company's Insurance Policy Terms and Conditions which I/We have read and understood, I/We shall pay the total premium payable (plus additional charges if applicable) to the Company in the manner agreed between Me/Us and the Company. I/We hereby agree that in the event the premium payable for the Insurance Policy arising from the proposal is not received by the Company in the manner and on the date agreed between Me/Us and the Company, then such Insurance Policy shall be deemed to have been immediately cancelled by mutual consent (for so long as this does not impede in any way the right of the Company to cancel the said Insurance Policy as per the Policy Terms and Conditions and its sole discretion).

3. I/We warrant and guarantee that I/We shall return and/or surrender to the Company any certificate(s) of insurance issued in regard to this proposal and/or the Insurance Policy on such a date of non-payment/cancellation of the Policy by the Company.

4. I/We acknowledge and agree that the Company shall have the right to assign any part of the total amount due (in 8 above) from Me/Us to any Bank or other party from time to time.

5. I/We confirm that this Proposal form shall form the basis of the contract between Directline Assurance Company and me/us and shall form part of the Policy Terms and Conditions, which I/We have read, understood and agreed.

6. I/We agree that when an act is required to be done by me/us as the Proposer(s) which may as well be done by my/our Agent/Broker (hereinafter called the insurance intermediary) such requirement shall be construed to include all such acts when done by the said insurance intermediary including but not restricted to signing the proposal form on my/our behalf. I/we shall be presumed to be bound by all such acts of the insurance intermediary done on my/our behalf

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)