

Proposal Form for Commercial Vehicle Insurance

The commercial vehicle policy issued by the British-American Insurance Company Limited can be on a comprehensive, Third party fire and theft or third party only basis. The benefits provided by these forms of cover can be summarized as follows:-

Third party only

This provides cover for:-

- (i) Death or bodily injury to persons as provided for under the insurance(motor vehicles third party risks) Act.Cap 405 of Kenya.
- (ii) Damage to property up to stated limit.

Third party fire and theft

This provides cover for:-

- (i) Liability to the public as set out for under third party risks above and
- (ii) Damage to or loss of the vehicle caused by
 - (a) Fire
 - (b) Theft

Comprehensive

This provides cover for:-

- (i) Liability to the public as set out for under third party risks above and
- (ii) Damage to or loss of the vehicle caused by
 - (a)Accidental collision or overturning
 - (b)Malicious Act
 - (c) Theft
 - (d) Fire
 - (e) Accidental and External means during transit within Kenya

Exclusions

In addition to the specific exclusions given above there are other restrictions to the cover which are of a more general nature and these are summarised below. The policy does not cover damage or liability arising from:

1. Earthquake and flood (unless separately insured)
2. Riot and strike (unless separately insured)
3. War
4. Wear and tear and depreciation
5. Mechanical breakdown
6. Damage to tyres unless the vehicle itself is damaged at the same time
7. Damage to bridges and the like caused by the vibration or weight of the vehicle

Average Clause

The policy will be subject to condition of Average clause as regards won damage claims such that if the insured value of the vehicle is less than the market value of the vehicle at the time of the loss, the Company's liability will be reduced to that proportion of the loss as the sum insured bears to the market value

Cover is restricted to Kenya only

Registration Number		
Make of vehicle		
Model		
Type of body		
Year of manufacture		
Cubic capacity		
Engine number		
Log book number		
Chassis Number		
Seating/Carrying capacity - For PSV		
Capacity		
Proposer's estimate of the present value (including accessories)		
If you wish to insure any of the accessories separately please state		
Type & make of accessory and Serial number		
Value of accessory		
If you require separate windscreen cover & Radio cassettee please state value of windscreen		
What colour is the vehicle?		
When did you purchase the vehicle?		
Was it new or secondhand?		
What price did you pay for it?		
Whom did you purchase it from?		
Name and address of any finance company or other person interested in the vehicle		
Are you the owner of the vehicle?		
Is it registered in your name?		
If no in whose name is it registered?		
What is the purposes for which the vehicle will be used?		
What is the general nature of goods to be carried?		
Do you undertake cartage of goods for others?		
If the vehicle has been altered or adapted to carry a load heavier than that stated in the markers published specification, state the original carrying capacity		
Will the vehicle be used in connection with the motor trade?		
Will passengers be carried for hire or reward?		
Will the vehicle be let on hire?		
Where is the vehicle garaged at night? (Street and City)		
Are any anti-theft devices fitted to the vehicle?		
If yes, give make and type of device		
Do you wish to insure the device separately?		
If so state value (A copy of dealers installation certificate should be attached)		
No claims discount		
Are you entitled to no claims discount?		
If so for how many years? (Please attach last renewal notice)		

Note: A copy of the registration Log book of each vehicle to be insured should be attached to the proposal form.

COMPREHENSIVE THIRD PARTY FIRE AND THEFT THIRD PARTY ONLY
Policy data
Insurance Certificate No. _____ Insurance Policy No. _____ Type of Cover _____
Cover start date (DD/MM/YYYY) _____ Cover end date (DD/MM/YYYY) _____
Premium _____

6. The driver(s)

Principal drivers details

(a) Insured's name/Company name _____ Gender _____
(b) Pin No. _____ National ID or Passport No. _____ Driver's License No _____
(c) Date of Birth (DD/MM/YYYY) _____ Date first licensed (DD/MM/YYYY) _____
(d) Individual's name _____
(e) Gender _____ Pin No. _____ National ID or Passport No. _____
(f) Driver's License No. _____ Date of Birth (DD/MM/YYYY) _____
(g) Date first licensed (DD/MM/YYYY) _____

How long have you been driving a motor vehicle? YES NO

Will any person other than yourself drive the motor vehicle(s) YES NO

If yes state:- _____

How long have they been driving motor vehicles continuously? _____

Has any one of them been involved in any motor accidents? YES NO

If yes give brief details _____

Has any insurer refused to insure any one of them or imposed any special terms and /or conditions YES NO

If yes give brief details _____

Do you, or any other person, who to your knowledge will drive the motor vehicle, suffer from defective vision or hearing or from any physical infirmity of any kind YES NO

If yes give brief details _____

Have you, or any other person, who to your knowledge will drive, been convicted of any offence in connection with the driving of any motor vehicle? YES NO

Do you or any other person who will drive the vehicle(s) have a current driving license? YES NO

7. The following extensions are available on payment of additional premium

1. Riot strike and civil commotion YES NO 3. Windscreen cover. Please state Limit KShs _____

2. Flood typhoon hurricane volcanic eruption earthquake and other convulsions of nature YES NO

8. Sales Channel

(a) Channel Type (Direct/ Intermediary ie Broker or Agent) _____

(b) Channel name _____ Previous Insurance Company _____

(c) Previous Cover Policy No. _____ No. of Previous claims for last 3 years _____

9. Declaration

I/We desire to insure with the British-American Insurance Company Limited, the motor vehicle or vehicles described in the above and I/We hereby warrant that the above statements and particulars are true, and I/We have not suppressed, misrepresented or misstated any material fact and I/We agree that the declarations shall be the basis of the contract between me/us and the company.

I/We further agree that if this proposal in any particular is filled by any other person, such person shall be deemed my/our agent and not the agent of the company, I/We further declare that I/We have read and understood all particulars entered herein and I/We have signed this after verifying the same to be true and complete in all respects

Further, I/We do hereby accept the following restrictions of cover.

(a) Compulsory excess as per policy schedule.

PROPOSER'S SIGNATURE _____ DATE _____

THE LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED AND THE PREMIUM HAS BEEN PAID.