



## GA MOTOR INSURANCE PROPOSAL FORM I&M BANCASSURANCE

1. D	ETAILS O	F PROPOSER:								
Ful	l Names (BL	OCK LETTERS) _								
Ad	dress: P.O. B	ox			Code	e		_ Town		
Of	ice Tel. No _				Mobile No					
E-mail			PIN NO			ID NO				
Occupation				Employer(if applicable)						
Bank Branch			Account. No			Account Name				
2. 1	HE COVE	R & DETAILS	OF \	/EHICLE:						
Per	iod of insura	nce: From		to						
Cover required : Comprehensive Third Party On							y Only			
Date vehicle Purchased Purchase Price										
Name of Financier (if any										
	Reg. No	Engine No.	Cha	ısis No.	Make & Body type	Year of	Man	Seating capacity	Sum Insure	d
1.										
2.										
3.										
Use	s (Tick as ap	plicable)								
Use of the vehicle				Cover extensions			Rating			
1. Private				1. Courtesy car				Premium rate		
2. Commercial(Own goods)				2. Excess protector				Less NCD(%) applicable		
3. Commercial(G-cartage)				3. Terrorism				Net premium rate		
4. Institutonal (Bus/Van)				4. SRCC				Basic premium		
5. Commercial -PSV				5. Road rescue AAK ( )or Infama ( )				Additional premium Or	extensions	
6. Special Type vehicle				6. Political Violence				Levies		
(Tractors, escavators, Ambulances,hearses etc)			7. Passenger Legal Liability				Stamp Duty			
· · · · · · · · · · · · · · · · · · ·							Total premium			

If vehicle is used for carrying goods state type of goods:    Mode of Premium Payment (Tick as applicable):   Cash	Total Premium.										
Mode of Premium Payment (Tick as applicable):  Cash   IPF   RTGS   EFT   Cheque  3. INSURANCE & CLAIMS HISTORY  Name of Previous Insurer   Period Insured  Has any Insurer: Declined your proposal for insurance?   Yes   No Cancelled or Refused to renew your Policy?   Yes   No Required an increased premium on renewal?   Yes   No Have you ever suffered any loss or damage in the last three years in respect of motor vehicle whether insured vor not?  Yes   No  If yes give brief details below:  DECLARATION  I do hereby declare that the above stated answers and statements are true and that I have withheld no materia information regarding this proposal.  DATED   SIGNATURE OF PROPOSER    I&M BANK SALES REP'S NAME   CODE    OFFICIAL USE ONLY  Documentation (Tick if provided) Valuation Report   Logbook copy   Copy of ID   Driving license copy   Proposal form   NCO Certificate   KRA PIN											
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Name of Previous Insurer	Cash IPF RTGS EFT Cheque										
Name of Previous Insurer											
Has any Insurer:  Declined your proposal for insurance?	3. INSURANCE & CLAIMS HISTORY										
Has any Insurer:  Declined your proposal for insurance?	Name of Previous Insurer	Period Insured									
Declined your proposal for insurance?											
Cancelled or Refused to renew your Policy?	Has any Insurer:										
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