



"A Symbol of Trust, Security and Progress"

Tausi Assurance Company Limited

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COMMERCIAL VEHICLE INSURANCE PROPOSAL FORM.

The issuing of this form is not to be taken as an admission of liability by the Insurers.

NB: All questions must be answered in full. Dashes are not acceptable. Please use **BLOCK LETTERS** and tick where appropriate.

PARTICULARS OF PROPOSER

1. Name of proposer (in full)

Postal Address:

P.O. Box:

Code:

Town:

Telephone Contact

E-Mail

ID/Passport No. (Individual)

(Attach Copy)

Certificate of Incorporation No.(Corporate)

(Attach Copy)

PIN No.

(Attach Copy)

State Trade or Nature of Business

No. of drivers employed

Period of Insurance

From:

To:

PARTICULARS OF THE VEHICLES TO BE INSURED

Registration Letter and Number		Year of Manufacture	
Make & Model		Engine/Chasis Number	
Type of Body		Carrying capacity (Passengers and/or goods)	
Cubic Capacity or Horse Power		Proposer's estimate of Present Value including <u>Standard</u> accessories	

PLEASE ATTACH COPY OF THE LOG BOOK FOR EACH VEHICLE (COMPULSORY)

ACCESSORIES PARTICULARS

Type of accessory	Make/Model	Serial Number	Estimated value

TYPE OF COVER REQUIRED (TICK APPROPRIATELY)**Please tick one as required**

1.COMPREHENSIVE

☐

2.THIRD PARTY FIRE & THEFT

☐

3.THIRD PARTY ONLY

☐**OWNERSHIP DETAILS**

1. Date of purchase of vehicle:

2. Was it new or secondhand?

3. Price paid:

KSHS

4. Are you the owner of the vehicle?

☐

YES

☐

NO

5. Is it registered to your name?

☐

YES

☐

NO

6. If not, in whose name is it registered?

7. Is there any hire purchase agreement on the vehicle?

☐

YES

☐

NO

8. If yes, please state their name and address

USE OF THE VEHICLES

1. What is the purposes for which the vehicle(s) will be used?

☐

OWN GOODS

☐

GENERAL CARTAGE

☐

PRIVATE HIRE

☐

OTHERS(SPECIFY)

2. What is the general nature of the goods to be carried?

3. Do you undertake cartage of goods for others?

☐

YES

☐

NO

4. Will the vehicle be let or on hire?

☐

YES

☐

NO

5. Has the vehicle been altered or adapted to carry a load heavier than that stated in the maker's published specification?

☐

YES

☐

NO

PARTICULARS OF THE DRIVERS

1. Have you or any other person who to your knowledge will drive, been:

(a) Driving a motor vehicle for less than 3 years?

☐ YES

☐ NO

(b) Convicted of any offence in connection with the driving of any motor vehicle?

☐ YES

☐ NO

(c) Suffering from defective vision or hearing or any physical infirmity of any kind which may affect his/their driving skills?

☐ YES

☐ NO

If the answer to any of the above is yes, please give details or attach as appropriate.

2. Do you or any other person who will drive the vehicle(s) have a current driving license issued in Kenya?

☐ YES

☐ NO

SAFETY MEASURES

1. State area where the vehicle is normally used

2. Is the vehicle normally garaged in a building at your premises overnight?

☐ YES

☐ NO

3. Are any anti-theft devices fitted to your vehicle?

☐ YES

☐ NO

4. If so give:

(a) Make of device

(b) Type of device

5. Do you wish to insure the device separately?

☐ YES

☐ NO

If yes, state the value:

(Installation certificate should be attached)

PARTICULARS OF INSURANCE

1. Are you now or have you been Insured in respect of any vehicle?

☐ YES

☐ NO

If Yes; please state the name of the Company of the Underwriter and Policy No.

2. Has any Company or Underwriter ever:

(a) Cancelled or refused to renew your policy?

☐ YES

☐ NO

(b) Declined to Insure you?

☐ YES

☐ NO

(c) Imposed any special terms?

☐ YES

☐ NO

(d) Repudiated any claim?

☐

YES

☐

NO

If the answer to any part of question 2 is yes please give details.

CLAIMS EXPERIENCE

Have you ever suffered loss in connection with any motor vehicle owned or operated by you?

☐

YES

☐

NO

If Yes, please give details as under for the last 3 years

Year	Total No. of Vehicles	Total No. of accidents	Cost(Paid or Estimated)	Type of accident: Own Damage/Third Party, Injury etc.
1				
2				
3				
4.				

ATTACH A SEPARATE SHEET WITH DETAILS IF SPACE IS INSUFFICIENT.

NO CLAIMS DISCOUNT

Are you entitled to any No Claims Discount?

☐

YES

☐

NO

If so, for how many years?

Please attach the original No claim discount certificate

THE FOLLOWING EXTENSIONS ARE AVAILABLE ON PAYMENT OF ADDITIONAL PREMIUM

Please tick as required:

1. Excess Protector

☐

YES

☐

NO

2. Political violence and terrorism.

☐

YES

☐

NO

3. Windscreen and window glass cover.

☐

YES

☐

NO

If value over Ksh. 30,000/= Please state limit

Declaration

I/We hereby declare that the statements made by me/us in this Questionnaire and Proposal form are, to the best of my/our knowledge and belief, complete and true, and I/We hereby agree that this Questionnaire and Proposal form, forms the basis and is part of any policy issued in connection with the above risk(s). It is agreed that the Insurers are liable in accordance with the terms of policy only and that the insured will not lodge any other claims of whatever nature.

The insurers undertake to deal with this information in strict confidence.

Further I/we do hereby accept the following restrictions of cover:

- Own damage excess of 5% of estimated value minimum Ksh.20,000/=
- Total losses excess (own damage) 5% of the pre-accident value or estimated value, whichever is the lower minimum Ksh.20,000/=
- Theft with anti-theft device excess: 10% of the estimated value or pre-theft value whichever is the lower minimum Ksh.20,000/=
- Theft without anti-theft device excess: 20% of the estimated value or pre theft value whichever is the lower minimum Ksh.20,000/=
- With tracking device excess: 5% of estimated value or pre-theft value whichever is the lower minimum Ksh.20,000/=
- Third Party Property damage excess Ksh. 10,000/=
- Young driver excess: Ksh.7500/=
- Inexperienced driver excess: Ksh. 7,500/=

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

Executed at this _____ day of _____ 20____

For and on behalf of:

Name:

Signature and Official Stamp

Name and Designation of Contact Person:

Telephone of Contact Person:

AGENT/BROKER NAME / STAMP

SIGNATURE

DATE _____

IMPORTANT NOTICE

THE POLICY ISSUED WILL AUTOMATICALLY BE SUBJECT TO THE FOLLOWING:

1. YOUNG AND OR INEXPERIENCED DRIVERS EXCESS.

We will not be liable under Sections I and II of this policy for the first "As shown in the schedule "of any amount otherwise payable in respect of loss or damage to the Vehicle (other than by Fire, external explosion, self-ignition or lightning or theft) occurring whilst the vehicle is being driven or is in the charge of an Authorized Driver who:-

(a) is under twenty one (21) years of age ; and or,

(b) Has not held for a period of Three (3) year a license other than a provisional license to drive a vehicle of the same class as your Vehicle. The amount(s) payable will be in addition to any other for which you may be responsible within the terms of the policy.

2. PREMIUM PAYMENT WARRANTY

Notwithstanding anything contained herein to the contrary, it is hereby understood and agreed that the indemnity provided by this policy will only apply on payment of full premium to the company in accordance with the provisions of Section 156 of the Insurance Act Cap 487 failure to which cover lapses.

Subject otherwise to the terms conditions limitations and exceptions of the policy.

3. ANTI THEFT DEVICES WARRANTY

It is a condition of this policy that if any vehicle valued at Kshs. 500,000/- and over is covered herein, such vehicle must be fitted with an approved anti-theft device and proof in respect thereof be produced to the Company. In the absence of such anti- theft device and proof, theft cover will be deemed to be deleted from scope of the policy.

FOR OFFICE USE ONLY**PREMIUM CALCULATION**

PREMIUM PARTICULARS	AMOUNT
BASIC	
EXCESS PROTECTOR	
PVT	
OTHERS (SPECIFY)	
LEVIES	
STAMP DUTY	
TOTAL PREMIUM	

PREPARED BY

DATE

CHECKED BY

DATE