



"A Symbol of Trust, Security and Progress"

Tausi Assurance Company Limited

Tausi Court, Tausi Road, Off Muthithi Road, Westlands. P.O Box 28889 – 00200 NRB.
Telephone: 020-3746602/03, 2312681/85/93, Cell: 0729 145888, 0735 145020.
Pilot line: 0709 914000 Email: clients@tausiassurance.com.
Website: www.tausiassurance.com

MOTOR CYCLE 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

E-Mail

ID/Passport No. (Individual)

(Attach Copy)

PIN No. (Attach Copy of Certificate)

(Attach Copy)

Certificate of Incorporation No.(Corporate)

(Attach Copy)

State Trade or Nature of Business

Profession or Occupation (Nature of Business)

No. of drivers employed

Period of Insurance

From:

To:

PARTICULARS OF THE MOTOR CYCLE TO BE INSURED

Registration Number		Chasis Number.	
Make & Model		Engine Number	
Cubic Capacity		Proposer's estimate of present value including sidecar, standard accessories & spare parts	
Year of Manufacture			

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

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 motor cycle:

2. Was it new or secondhand?

3. Price paid:

KSHS.

4. Are you the owner of the motor cycle?

☐

YES

☐

NO

5. Is it Registered to your name?

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

7. Is there any hire purchase agreement on the motor cycle?

☐

YES

☐

NO

8. If yes, please state their name and address

USE OF THE MOTOR CYCLE(S)

1. Will the motor cycle be used exclusively for pleasure purpose?

☐

YES

☐

NO

2. If No, state exactly for what purpose?

☐

YES

☐

NO

3. Will passengers be carried in the sidecar?

☐

YES

☐

NO

4. If no sidecar, will passengers be carried?

☐

YES

☐

NO

PARTICULARS OF THE DRIVERS

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

(a) Driving a motor cycle for less than 2 years?

☐

YES

☐

NO

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

☐

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.

2. Do you or any other person who will drive the motor cycle have a current driving license issued in Kenya?

☐

YES

☐

NO

SAFETY MEASURES

1. State area where the motor cycle is normally used

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

☐

YES

☐

NO

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

☐

YES

☐

NO

4. If so give:

(a) Make of device

(b) Type of device

PARTICULARS OF INSURANCE

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

☐

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 Cycle owned or operated by you?

☐

YES

☐

NO

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

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

THE FOLLOWING EXTENSIONS ARE AVAILABLE ON PAYMENT OF ADDITIONAL PREMIUM**FOR COMPREHENSIVE COVER ONLY**

Please tick as required:

- | | | |
|------------------------------------------------------------------|------------------------------|-----------------------------|
| 1. Excess Protector (Not Provided) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Glass cover (Covered up to Ksh.10,000/-only where applicable) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Political violence and Terrorism | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

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 for cover:

- (a) Compulsory Excess: 5% of the Insured's Estimated Value or Kshs. 10,000 whichever is higher
- (b) Theft Excess: 10% of the Insured's Estimated Value or Kshs. 10,000 whichever is higher
- (c) New and Young Driver's Excess: Khs. 5.000/-

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. 250,000/- 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	
PVT	
OTHERS (SPECIFY)	
LEVIES	
STAMP DUTY	
TOTAL PREMIUM	

PREPARED BY

DATE

CHECKED BY

DATE