



**KENYAN ALLIANCE**  
Est 1915

The Kenyan Alliance Insurance Company Limited  
Dunhill Towers, Waiyaki Way, Westlands  
P.O. BOX 30170- 00100 Nairobi, Kenya  
Mobile: 0709 334 000 / 0709 234 000  
Tel: 0202284000  
Email: contactcenter@kenyanalliance.co.ke  
contactcenter@kenyanalliance.com

# COMMERCIAL VEHICLE PROPOSAL FORM

**Important Notice: Complete this proposal form fully. Please note it's an offence to withhold any material Information (whether you consider material or not) for the purpose of obtaining a Motor Insurance certificate. Failure to disclose all Facts may invalidate the cover under your policy**

Policy..... Intermediary.....

## 1. Personal Particulars

Name (in full):

ID No:  PIN No:

P.O. Box:  Town:

Email:  Mobile No:

Telephone No:

Nature of Business / Occupation; (to specify)

Period of insurance from:  To:

## 2. Description of the vehicle (provide a copy of the logbook/importation document)

<b>REGISTRATION:</b>	<b>MAKE &amp; MODEL OF VEHICLE:</b>
<b>TYPE OF BODY:</b>	<b>YEAR OF MAKE:</b>
<b>CHASSIS NUMBER:</b>	<b>ENGINE NUMBER:</b>
<b>ENGINE CAPACITY:</b>	<b>SEATING CAPACITY:</b>
<b>DATE OF PURCHASE:</b>	<b>SUM INSURED KSHS:</b>

## 3. Please indicate the cover required

(a) Comprehensive  (b) Third Party, Fire and Theft  (c) Third Party Only

## 4. State the use of motor vehicle (Please tick where applicable)

(a) Used for carriage of goods?  What is their general nature

(b) Do you undertake cartage of other goods? Yes  No

(c) Is the vehicle unique or has been modified to carry a load heavier than stated in the logbook? Yes  No

If yes, provide details;

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## 5. Cover Extensions

(a) Windscreen/Window glass : State Limit Kshs:

(b) Entertainment unit and any other accessories to be stated in the table below;

ACCESSORY	SERIAL NO.	MAKE	MODEL	VALUE



(c) Is the vehicle unique or has been converted or modified in any way? If yes, Please give details. Yes:  No:

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6. Who will drive the vehicle (please provide a copy of license(s)) Yourself and Spouse  Authorised Driver   
 Driver's names:   
 Policy's holder name:

7. Have you ever been involved in an accident whilst handling any motor vehicle? (If yes please give details)

YEAR 1	YEAR 2	YEAR 3

Name of previous insurer:

Name of registered owner of vehicle:   
 (Provide copy of Logbook)

8. Is a finance company or other party financially interested in the car: Yes:  No:   
 If so, give details.

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9. Is the vehicle fitted with appropriate anti-theft device: Yes:  No:

IF YES, STATE TYPE/MAKE OF DEVICE (The Company does not provide theft cover for Entertainment unit & other Accessories if Anti-theft device is not operational when vehicle is left unattended (attach certificate of installation and anti-theft devices)

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**DECLARATION**

I/We warrant that above statements are true, and that I/We have not withheld or concealed anything affecting the proposed insurance, and I/We agree that this proposal shall be the basis of the contact between I/Us and KENYAN ALLIANCE INSURANCE CO. LIMITED. I/We agree to accept the company's policy applicable to insurance.

Date:

Policy holder's Signature: .....

Name: .....

IMPORTANT NOTE: We shall use the email address you have provided herein to dispatch all documents subject of this policy, and shall presume you have received them on the day we dispatch.

