

Agent: \_\_\_\_\_

### CUSTOMER DETAILS

Full name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

ID/ Passport no: \_\_\_\_\_ Nationality: \_\_\_\_\_ KRA PIN: \_\_\_\_\_

Company/ Trade Name: \_\_\_\_\_

Registration no: \_\_\_\_\_ Nature of business: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Town/ City: \_\_\_\_\_ County: \_\_\_\_\_ Mobile no: \_\_\_\_\_

Telephone no: \_\_\_\_\_ Fax: \_\_\_\_\_ Email address: \_\_\_\_\_

### VEHICLE DETAILS

Registered owner: \_\_\_\_\_

Registration Number	Colour	Make/ Model	Year of Manufacturing	Body type

Proposed value	Chassis no	Engine no	Seating capacity	Logbook Number	Cubic capacity (CC)

Windscreen: \_\_\_\_\_ Radio/ Cassette: \_\_\_\_\_

Is an anti theft device installed on the vehicle? Yes  No

Will the car be used for social, domestic and pleasure purpose by the proposer and the proper's business excluding hire & reward?

Yes  No

### COVER DETAILS

Driving licence no: \_\_\_\_\_ Date of issue: \_\_\_\_\_

Years of experience: \_\_\_\_\_

#### Type of Cover

- a) Third Party Liability
- b) Third Party Theft & Fire
- c) Comprehensive

- Optional Extensions:
- Political Violence & Terrorism
  - Excess Protector
  - Loss of use

Period of insurance: From: \_\_\_\_\_ To: \_\_\_\_\_

Have you had any previous accidents? Yes  No

If yes, give details and amount of losses in the past 6 years

---

---

---

Are you currently covered by UMMA INSURANCE under any other policy?

---

---

Has any insurance company:	Yes	No
Declined your proposal?	<input type="radio"/>	<input type="radio"/>
Canceled or refused to renew your cover?	<input type="radio"/>	<input type="radio"/>
Required an increase on your premium?	<input type="radio"/>	<input type="radio"/>

If yes, please include details

---

---

---

Are you entitled to a No Claim Discount (NCD) from your previous insurer? Yes  No

Is the vehicle used for:	Yes	No
Carriage of own goods?	<input type="radio"/>	<input type="radio"/>
Carriage of goods for reward or hire?	<input type="radio"/>	<input type="radio"/>
Carriage of passengers for reward or hire?	<input type="radio"/>	<input type="radio"/>
Carriage of inflammable goods?	<input type="radio"/>	<input type="radio"/>

If yes, please include details

---

---

---

## DECLARATION

I/ We do here declare that the information included in the document is true and that I/ We have not withheld no material or information in this proposal

Date: \_\_\_\_\_

Signature of the proposer

Rubber stamp/ Seal

## SUPPORTING DOCUMENTS

**Confirm that the following documents are attached**

- a) Copy of logbook
  
- b) Copy of Driving Licence
  
- c) Copy of Anti-theft certificate
  
- d) NCD Letter
  
- e) Copy of PIN certificate