

SECTION A: PROPOSER'S DETAILS

1. Agency / Broker: _____

2. Name of Proposer: _____ Surname _____ Other _____

If Corporate name of the Company: _____

3. PIN No: _____ ID/Passport No: _____ Date of Birth: DD / MM / YYYY

4. Postal Address: _____ Postal Code: _____ Town: _____

5. Telephone Number: _____ Mobile Number: _____ Fax: _____

6. Email Address: _____ Occupation: _____

7. Residence: _____ Name of Financer (if any): _____

8. Driving License No: _____ Driving Experience: _____

9. Driving License Date of Issue: _____

10. Details and amount of losses in the last 5 years: _____

11. Are you entitled to any No Claim Discount (NCD)? Yes: ☐ No: ☐ If yes, attach evidence

Name of Previous Insurer (s): _____

12. Has any insurance company: Yes: ☐ No: ☐a) Declined your proposal? Yes: ☐ No: ☐b) Cancelled or refused to renew your policy? Yes: ☐ No: ☐c) Required an increase premium on renewal? Yes: ☐ No: ☐

If yes to any of the above, please give details:

13. Are you currently insured by CIC under any other Cover/Policy? Yes: ☐ No: ☐ If yes, please give details:

14. Is the vehicle registered in your name? Yes: ☐ No: ☐ If No, give details

15. Is the vehicle used for:

a) Carriage of own goods?

Yes: ☐ No: ☐

b) Carriage of goods for hire or reward?

Yes: ☐ No: ☐

c) Carriage of passengers NOT for hire or reward?

Yes: ☐ No: ☐

d) Carriage of passengers for hire or reward?

Yes: ☐ No: ☐

e) Carriage of goods of inflammable nature?

Yes: ☐ No: ☐

If Yes, give details

16. Is any anti-theft device installed? Yes: ☐ No: ☐
(Attach copy of certificate)

17. Period of Insurance: From: _____

To: _____

SECTION B: MOTOR VEHICLE(S) DETAILS

| | | | |
|--|--|--|--|
| Registration Marks | | | |
| Comprehensive, Third Party Fire & Theft or Third Party Only | | | |
| Log Book Number | | | |
| Seating Capacity | | | |
| Engine No. | | | |
| Chassis No. | | | |
| Type of Body | | | |
| Insured's Estimate of Value | | | |
| Colour | | | |
| CC | | | |
| Year of Manufacture | | | |
| Make & Model | | | |

Indicate extra benefits required (additional premium may apply). Figures in KShs.

[illegible]

Premium Compilation

| | |
|---------------------------|--|
| Basic | |
| Riot & Strike | |
| Windscreen | |
| Radio Cassette | |
| Passenger Legal Liability | |
| Political Risks | |
| Others | |
| Excess Waiver | |
| PVT Extension | |
| TOTAL | |

DECLARATION:

I / We do hereby declare that the above answers and statements are true, and that I/We have withheld no material information regarding this proposal.

DATA PROTECTION AND PRIVACY

CIC General Insurance Limited is committed to complying with the requirements of the Data Protection Act and the attendant regulations as well as global best practices regarding the processing of your personal data. In this regard, you are required to acquaint yourselves with our data privacy statement (<https://cic.co.ke/data-privacy-statement/>) which is intended to inform you on how we use your personal data and describes how we collect and process your personal data during and after your relationship with us.

Consent for Marketing Purposes: We would like to use your details to provide you with information about insurance products, services and special offers from us or our affiliates. Please note that if you do not want to receive our marketing information you may opt out at any time.

Please tick the relevant boxes below if you agree to receive marketing information from us:

☐ I consent to receiving marketing information ☐ I do not consent to receiving marketing information

Date: _____ Signature of proposer: _____

Rubber Stamp / Seal:

FOR OFFICIAL USE ONLY:

Are these documents attached?

- | | | |
|-----------------------------------|-------------------------------|------------------------------|
| a) Copy of Log Book | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| b) Copy of Driving Licence | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| c) Copy of Anti Theft Certificate | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| d) NCD Letter | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| e) Copy of PIN | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |

CIC GENERAL INSURANCE LTD.**V02.2024**

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