



CONSULTANCY & INSURANCE
AGENCY LTD

APPLICATION FOR MOTOR INSURANCE

AGENTS NO/DSO CODE:- ACCOUNT NUMBER.....

PART A: INSURED DETAILS

1. Customer's Full Names: _____
2. Insurer: _____
3. Pin No _____ ID No/Passport No. _____
4. Postal Address: _____ Code: _____ Town: _____
5. Email address: _____ Telephone/Mobile: _____
6. Occupation/Profession: _____ Date of Birth _____
7. Driving Experience: _____ Account No. _____
8. Details of claim experience in the last 5 years _____
9. NCD entitled if any _____ (Attach NCD letter)
10. Is any anti-theft device installed? Yes/No _____ (Attach copy of certificate)

PART B: DETAILS OF VEHICLE

Financed? _____ If Financed state financier _____

Policy period from _____ to _____

Reg no _____ Year of Manufacture _____

Make _____ Model _____

CC _____ Seating Capacity _____

Value of vehicle _____

Use of vehicle: Private () Commercial Own Goods () Commercial General Cartage ()
Psv Taxi () Psv Chaufer driven () Psv Tour van () Psv Matatu/Bus ()
School Bus () Oil Tanker () Motor Cycle () Any Other use.....

Other benefits at an extra cost: Please tick appropriately

Political Violence and Terrorism: Yes () No ()

Excess protector : Yes () No ()

Courtesy Car : Yes () No () – Applicable to private vehicle only.

AA Membership : Yes () No ()

Personal Accident Cover : Yes () No () – For immediate family members, driver or loader

CHECK LIST

- Copy of logbook.
- Copy of Driving License.
- Copy of Anti-Theft Device certificate.
- No Claim Discount letter where applicable.
- Valuation report.

Declaration:-

I/we do hereby declare that the above answers and statements are true and that I/we have not withheld any material information regarding this proposal.

Date _____ Signature of Proposer _____
Rubber Stamp/Seal

