

## PROPOSAL FOR CONSUMER INSURANCE

### SECTION A : PERSONAL DATA

#### (Individual Applicants)

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

ID/Passport. No \_\_\_\_\_ PIN \_\_\_\_\_

Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_

Genger F/M \_\_\_\_\_ Marital Status (S/M) \_\_\_\_\_

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

Telephone No. \_\_\_\_\_ Mobile Phone No \_\_\_\_\_

Fax No. \_\_\_\_\_ E-mail Address \_\_\_\_\_

Period of Insurance \_\_\_\_\_

### SECTION B : PRIVATE CAR INSURANCE

#### All questions must be answered

1. Particulars of car(s) to be insured  
(a) Please fill in the schedule below

Registered letters and numbers	Engine and chassis numbers	Make of car and type of body	H.P. or C.C.	Year of manufacture	Present value including accessories & spare parts	Seating capacity including driver

#### (b) Type of cover required

- (i) ☐ Comprehensive ☐ Duty Paid ☐ Duty Free
- (ii) ☐ Third Party, Fire and Theft ☐ Duty Paid ☐ Duty Free
- (iii) ☐ Third Party Only

(c) If your answer to (i) or (ii) is duty free, please sign the declaration below:

#### DUTY FREE DECLARATION

I/We hereby declare that I/We have chosen to insure the vehicle(s) listed in the schedule on a DUTY FREE basis and that in case of any damage or loss to the said vehicle, I/We accept to be indemnified as follows; (i) In case of a Total Loss, the Insured Duty Free Sum shall be the maximum liability to the company. In the event the vehicle ownership is to be transferred to any other party following such a total loss, I/We confirm that I/We shall be responsible for the duty payable to the Government of Kenya.

(ii) In case of a Partial Loss, the company's liability shall be limited to the proportion that the sum insured bears to the market value of the vehicle at the inception of this insurance cover.

Insured's Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



2. If you wish to insure a car entertainment unit separately, please provide the following details:

Make \_\_\_\_\_ Type \_\_\_\_\_ Serial No. \_\_\_\_\_ Value \_\_\_\_\_

3. (a) Are you the sole owner of the car and is it registered in your name? \_\_\_\_\_

(b) If the car is purchased under a hire purchase/loan agreement, state name of the Financier \_\_\_\_\_

4. Where is the car(s) normally garaged? (state town, street or estate)

(a) During the night \_\_\_\_\_ (b) During the day \_\_\_\_\_

5. With what theft protection devices is the car fitted? \_\_\_\_\_

Please attach the receipt of purchase and a confirmation that the device is operational from the company that has fitted it.

NB: Please note that the policy will include the theft protection devices endorsement.

6. State the usage of the vehicle:

- ☐ Social, domestic and pleasure purposes
- ☐ professional or business purposes
- ☐ By employees or other parties in connection with your own or your employee's business
- ☐ In connection with the motor trade

For any other purpose, please specify \_\_\_\_\_

7. Do you (and/or any other persons who to your knowledge will drive) suffer from defective vision or hearing, or any physical infirmity including fits? If so give particulars.

\_\_\_\_\_  
\_\_\_\_\_

8. Have you (and/or any other persons who to your knowledge will drive) been convicted during the past five years of any offence in connection with any motor vehicle or is any prosecution pending? If so, give particulars and dates.

\_\_\_\_\_  
\_\_\_\_\_

9. How long have you held a driving licence?

\_\_\_\_\_

10. Are you now or have you previously been insured in respect of any motor vehicle? If "yes", state name of company of underwriter.

\_\_\_\_\_

11. Has any company or underwriter:-

(a) Declined your proposal? \_\_\_\_\_

(b) Refused to renew or cancelled your policy? \_\_\_\_\_

12. Have you earned a No Claim Discount during the past twelve months? If Yes, please indicate the NCD rate \_\_\_\_\_% and attach proof.

13. Will car be driven exclusively by a named person (not being a paid driver)? (If so, state full name.)

\_\_\_\_\_



14. Will the vehicle be driven regularly by members of your family or other persons? If so state

(a) Ages \_\_\_\_\_

(b) How long each has held a driving licence \_\_\_\_\_

(c) The vehicle accidents or loss they have had in the last three years \_\_\_\_\_

15. Give record of accidents and or losses during the past three years in connection with any motor vehicle owned or driven by you whether insured or uninsured including any claims outstanding. Please complete a separate line for each year.

Year	Total number of accidents and losses	Amount paid	Amount outstanding

I/We declare that the claim information is accurate \_\_\_\_\_

The liability of the Insurers does not commence until the acceptance of the proposal has been formally intimated to the Proposer, a certificate of insurance issued and the premium has been paid.

Please attach the following to the duly filled proposal form.

1. Copy of driving license

☐

Add File

View File

2. Copy of log book

☐

Add File

View File

3. Valuation report or vehicle purchase invoice for brand new vehicles.

☐

Add File

View File

## SECTION C: INDIVIDUAL PERSONAL ACCIDENT COVER



### 1. Beneficiary incase of claim

Name \_\_\_\_\_ Relation to insured \_\_\_\_\_

Cover desired, please tick appropriate box (All in Kshs)

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>MINORS</b>
BENEFITS	UNIT I	UNIT II	UNIT III	UNIT IV	UNIT V	3-10 years	11-18 years
a. Accidental Death	1,200,000	2,400,000	4,800,000	8,000,000	12,000,000	500, 000	1,200.000
b. Accidental Permanent Total Disablement (Continental Scale Benefits)	1,200,000	2,400,000	4,800,000	8,000,000	12,000,000	500, 000	1,200.000
c. Hospital Cash	3,000	5,000	8,000	10,000	12,000	3,000	3,000
d. Accidental Temporary (Loss of Income) per week maximum 104 weeks	11,000	15,000	20,000	25,000	30,000	NIL	NIL
e. Accidental Medical Expense	110,000	210,000	260,000	300,000	400,000	110,000	110,000
f. Artificial Appliance (Accidental Loss)	15,000	20,000	25,000	35,000	50,000	15,000	15,000
g. Funeral Expenses (Accidental Death)	20,000	30,000	40,000	50,000	60,000	20,000	20,000
h. PREMIUM (Per Person)	6,000	12,000	24,000	40,000	60,000	3,240	4,860

NB: Please add the following levies to the above premiums:

- 0.2% Insurance Training Levy
- 0.25% Policy Holder Compensation Fund
- 40.00 Stamp Duty

### 2. Other family members:

	Name	Option	Premium
Self			
Spouse			
Child 1			
Child 2			
Child 3			
Child 4			
<b>Total</b>			

## SECTION D: HOME INSURANCE

### 1. Details of Residential Buildings to be Insured:

(a) Physical location \_\_\_\_\_ Plot Number \_\_\_\_\_

(b) Materials used to construct (i) Walls \_\_\_\_\_ ii) Roof \_\_\_\_\_ iii) Outbuildings \_\_\_\_\_

(c) Type of residence (tick whichever is applicable) (i) Bungalow ☐ (ii) Maisonnette ☐  
 (iii) Town House ☐ (v) Other-type specify ☐ (iv) Flat / Apartments ☐

(d) Give details of any business, profession or trade carried out in any portion of the premises of which the residence forms part \_\_\_\_\_

(e) Indicate whether the residence is solely in your occupation \_\_\_\_\_ Or rented out \_\_\_\_\_

(f) Security in place (tick whichever is applicable) (i) Burglar proof ☐ (ii) Siren ☐ (iii) Panic button ☐  
 (iv) Security Guards ☐ (iv) Alarm linked with armed response ☐  
 (v) Other type - specific \_\_\_\_\_

## SECTION D: HOME INSURANCE (Continued)



2. Period of Insurance from \_\_\_\_\_ to \_\_\_\_\_

3. Name of company with financial interest \_\_\_\_\_

I/we warrant that the above statements and particulars are true.

Signature \_\_\_\_\_ Date \_\_\_\_\_

4. Contents, all risks & liability: select benefits required

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy Section	OPTION 1 Sum Insured (Kshs)	OPTION 2 Sum Insured (Kshs)	OPTION 3 Sum Insured (Kshs)	OPTION 4 Sum Insured (Kshs)	OPTION 5 Sum Insured (Kshs)
Home contents	750,000	1,000,000	1,250,000	1,500,000	2,000,000
All Risks Section (worldwide)	150,000	250,000	350,000	450,000	650,000
Domestic Employees	One employee	One employee	One employee	Two employees	Two employees
Personal legal Liability	Limit: 1,000,000	One employee	Limit: 1,000,000	Limit: 1,000,000	Limit: 1,000,000
Golfer's legal Liability	Limit: 1,000,000	Limit: 1,000,000	Limit: 1,000,000	Limit: 1,000,000	Limit: 1,000,000
Disaster Cash	Limit: 50,000	Limit: 50,000	Limit: 50,000	Limit: 50,000	Limit: 50,000
<b>TOTAL ANNUAL PREMIUM</b>	12,000	16,500	21,000	26,000	35,000
Limits & Policy Excess					
Single article limit – Contents	75,000 any one item	100,000 any one item	125,000 any one item	150,000 any one item	200,000 any one item
Single article limit – All Risks	20,000 any one item	30,000 any one item	40,000 any one item	50,000 any one item	75,000 any one item
Policy Excess – Contents	1,000 any one claim	1,000 any one claim	1,000 any one claim	1,000 any one claim	1,000 any one claim
Policy Excess – All Risks	2,500 any one claim	2,500 any one claim	2,500 any one claim	2,500 any one claim	2,500 any one claim

Note:

Single article limit is the maximum amount payable per item

5. Buildings sum Insured

Actual Sum Insured	Premium (Rate 0.125%)

## SECTION E : PAYMENT DETAILS

(a) IMPORTANT NOTICE

PAYMENT OF PREMIUM THROUGH AN INSURANCE AGENT OR DIRECT

- Please note that all premium cheques must be written in favour of AIG KENYA INSURANCE CO. LTD. CASH must be paid direct to AIG and appropriate receipt obtained.
- Insurance cover will commence only after payment has been receipted by AIG KENYA. If any cheques is dishonored cover will be deemed to have been inoperative with effect from inception.
- Please check that your insurance Agent has a current License from the Commissioner of Insurance.



## SECTION E : PAYMENT DETAILS (continued)



### (b) SUMMARY OF PREMIUM

Policy	Details	Premuim
Motor Insurance		
Personal Accident Insurance		
Home insurance - Building		
Home insurance - Contents		
Sub total		
	Training Levy (0.2%)	
	Policy holders Compensation fund (0.25%)	
	Stamp duty (Kshs. 40 per policy)	
Grand total		

### (c) PAYMENT TYPE (PLEASE TICK)

- ☐ Cash: (Please pay Directly to AIG)
- ☐ Cheque: Cheque No \_\_\_\_\_ Bank: \_\_\_\_\_
- ☐ Premium Finance: (State the Financing company) \_\_\_\_\_
- ☐ MPESA / ZAP/ Yu Cash / Orange Money - Transaction number: \_\_\_\_\_

## SECTION F : DECLARATION

### i. Privacy Statement

By completing this form, you have provided AIG with your personal information. AIG is committed to protecting the integrity, confidentiality, access and use of personal information that we collect from you in the course of our business. "Personal Information" is information that identifies and relates to you or other individuals (such as your dependants). You have the right to access and correct personal data that may be incorrect or incomplete. I hereby authorize AIG to use my personal information for lawful business purposes. For more information on how we handle personal information kindly obtain a copy of our privacy policy from our office or visit our website [www.aig.com](http://www.aig.com).

### ii. Summary of Cover

I acknowledge I have received, read and understood the Summary of cover for this policy.

### iii. Declaration

I/We declare that the statements and particulars in this proposal are true and that I/We have not misstated or suppressed any material facts. I/We agree that this proposal, together with any other information supplied by me/us, shall form the basis of any contract of insurance effected thereon. Signing this proposal form does not bind the proposer or underwriter to complete this insurance.

***I/We hereby acknowledge the contents of the statements i-iii above***

Name: \_\_\_\_\_

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





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