



Xplico Insurance Company Limited
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MOTOR PRIVATE/COMMERCIAL INSURANCE APPLICATION / PROPOSAL FORM

Name				Address			Code	
Business/Occupation				Pin no		ID No		
Tel				Mobile				

Description Of Vehicle									
Registration				Make					
Type of body				Year of manufacture					
Colour of vehicle				Seating Capacity					
Chassis No				Engine Number				Cubic Capacity	
Tick the scope of cover required	<input type="checkbox"/> Comprehensive <input type="checkbox"/> TPF&T <input type="checkbox"/> TPO								
If cover required is comprehensive please indicate the market values across				Vehicle Kshs					
				Windscreen Kshs (Subject to valuation prior to loss/damage)					
				R/Cassette Kshs. (Subject to valuation prior to loss/damage)					
State use of motor vehicle									
Have you been involved in a vehicle accident(s) or theft whilst handling any motor vehicle in the last one year?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please give details)								
Name of previous insurer									
Name of registered owner of this vehicle									
Is interest of any financier to be noted on this policy	<input type="checkbox"/> Yes <input type="checkbox"/> No			(If so, name of financier)					
Period of insurance required	From	___ / ___ / ___			To	___ / ___ / ___			
Please attach a copy of the log book and valid driving licence.									
Give details of anti-theft device(s) fitted (attach copy of certificate)									





DECLARATION

I/We warrant that the above statements are true, and that I/We agree that this proposal shall be the basis of the contract between Me/Us and XPLICO INSURANCE COMPANY LIMITED. I/WE agree to accept the Company's policy conditions applicable to the insurance. I/we agree that the insurance will only attach when the premiums are paid to XPLICO INSURANCE COMPANY LIMITED and a receipt by XPLICO INSURANCE COMPANY LIMITED issued in support. I/we agree where the agent/intermediary signs the proposal form on behalf of the proposer, it will be taken that the agent represents the proposer and NOT XPLICO INSURANCE COMPANY LIMITED I/We agree that any non-disclosure or misrepresentation of any material fact or any untrue statements hereby now or in the future of this contract would make the contract void from inception.

Name of proposer: _____

Signature: _____

Date: __ / __ / __

Name of agent: _____

Signature: _____

Date: __ / __ / __