

GALLOWAYS MOTOR INSURANCE APPLICATION FORM

FULL CUSTOMER NAME:

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ADDRESS: P.O. BOX:
..... CODE: TEL:

E-MAIL: MOBILE NO.:
.....

POLICY PERIOD: FROM TO
.....

REGISTRATION MARKS (NUMBER PLATE):

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MAKE OF VEHICLE:

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CHASSIS NUMBER:

.....

ENGINE NUMBER:

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TYPE OF BODY (Saloon, S/Wagon, Pick up, Lorry, Tanker, M/Cycle, etc.):

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CUBIC CAPACITY: SEATING CAPACITY (Authorized number of passengers):

SUM INSURED (Value of Vehicle) KES:

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SCOPE OF COVER:

- Comprehensive
- Third Party Only

OTHER COVER EXTENSIONS (Tick as applicable):

- Material Damage Excess Protector

- Theft Excess Protector
- Political Violence and Terrorism (PVT)
- Courtesy Car
- AA Membership
- Others (Please specify):
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USE OF THE VEHICLE (Tick as applicable):

- Private Own Use
- Commercial General Cartage
- Commercial Own Goods
- PSV Matatu
- PSV Motorcycle
- Taxi / Private Hire Self Drive
- Private Hire (Chauffer Driven)
- Tours
- Uber
- Institutional Vehicle
- Hearse
- Oil Tanker
- Others (Please specify):
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NAME(S) OF AUTHORIZED DRIVER(S): (Provide the names of all persons who may at one time drive your vehicle)

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DECLARATION

I hereby declare that the information provided on this form is, to the best of my knowledge, true and accurate, and that I have applied for this insurance on my own volition without any form of coercion from anybody.

NAME OF APPLICANT:

SIGNATURE:

I/D. NO.:

PIN NUMBER:

ISSUED BY (NAME OF GALLOWAYS STAFF):

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MODE OF PAYMENT (e.g., Cash, Funds Transfer, Cheque, IPF, etc.):

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