

## **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:**

.....

**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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