

Agent: \_\_\_\_\_

### CUSTOMER DETAILS

Full name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

ID/ Passport no: \_\_\_\_\_ Nationality: \_\_\_\_\_ KRA PIN: \_\_\_\_\_

Company/ Trade Name: \_\_\_\_\_

Registration no: \_\_\_\_\_ Nature of business: \_\_\_\_\_

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

Town/ City: \_\_\_\_\_ County: \_\_\_\_\_ Mobile no: \_\_\_\_\_

Telephone no: \_\_\_\_\_ Fax: \_\_\_\_\_ Email address: \_\_\_\_\_

### VEHICLE DETAILS

Registered owner: \_\_\_\_\_

Registration Number	Colour	Make/ Model	Year of Manufacturing	Body type

Proposed value	Chassis no	Engine no	Seating capacity	Logbook Number	Cubic capacity (CC)

Windscreen: \_\_\_\_\_ Radio/ Cassette: \_\_\_\_\_

Is an anti theft device installed on the vehicle? Yes ☐ No ☐

Will the car be used for social, domestic and pleasure purpose by the proposer and the proper's business excluding hire & reward?

Yes ☐ No ☐

### COVER DETAILS

Driving licence no: \_\_\_\_\_ Date of issue: \_\_\_\_\_

Years of experience: \_\_\_\_\_

#### Type of Cover

- a) Third Party Liability ☐
- b) Third Party Theft & Fire ☐
- c) Comprehensive ☐

Optional Extensions: Political Violence & Terrorism ☐

Excess Protector ☐

Loss of use ☐

Period of insurance: From: \_\_\_\_\_ To: \_\_\_\_\_

Have you had any previous accidents? Yes ☐ No ☐

If yes, give details and amount of lossess in the past 6 years

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Are you currently covered by UMMA INSURANCE under any other policy?

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Has any insurance company:

	Yes	No
Declined your proposal?	<input type="radio"/>	<input type="radio"/>
Canceled or refused to renew your cover?	<input type="radio"/>	<input type="radio"/>
Required an increase on your premium?	<input type="radio"/>	<input type="radio"/>

If yes, please include details

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Are you entitled to a No Claim Discount (NCD) from your previous insurer? Yes ☐ No ☐

## DECLARATION

I/ We do here declare that the information included in the document is true and that I/ We have not withheld no material or information in this proposal

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

Rubber stamp/ Seal

Signature of the proposer

## SUPPORTING DOCUMENTS

***Confirm that the following documents are attached***

- a) Copy of logbook
- b) Copy of Driving Licence
- c) Copy of Anti-theft certificate
- d) NCD Letter
- e) Copy of PIN certificate

## PREMIUM COMPUTATION

Basic	
Excess protector	
PVT Extension	
Windscreen	
Radio/ Cassette	
TOTAL	