

MOTOR INSURANCE APPLICATION FORM



CLIENT PERSONAL DETAILS

Please use block capitals

1. Client/Insured Name	<input type="text"/>		
2. Date of Birth	<input type="text"/> <small>Day</small>	<input type="text"/> <small>Month</small>	<input type="text"/> <small>Year</small>
3. Postal Address	<input type="text"/>		
4. Date of Birth	<input type="text"/>	Mobile Number	<input type="text"/>
5. Occupation	<input type="text"/>		
6. Email Address	<input type="text"/>	ID / PP Number	<input type="text"/>
7. KRA PIN Number	<input type="text"/>		

VEHICLE DETAILS

Vehicle Registration Marks	<input type="text"/>	Year of Manufacture	<input type="text"/>
Make	<input type="text"/>	Engine Rating (CC)	<input type="text"/>
Model	<input type="text"/>	Vehicle Use	<input type="text"/>
Chasis Number	<input type="text"/>	Seating Capacity	<input type="text"/>
Engine Number	<input type="text"/>	Estimated value	<input type="text"/>

OPTIONAL BENEFITS REQUIRED: PLEASE TICK WHERE APPLICABLE

Excess Protector (Own Damage Only)	<input type="checkbox"/>
Political Violence and Terrorism (PVT)	<input type="checkbox"/>
Courtesy Car/Loss of Use	<input type="checkbox"/>
Life Rider Extension Cover	<input type="checkbox"/>
Road Rescue Services	<input type="checkbox"/>
AMREF Maisha Air Ambulance Cover	<input type="checkbox"/>

DOCUMENTATION CHECKLIST

Kindly attach the following documents:

1. Copy of logbook
2. Copy of ID
3. Copy of KRA PIN Certificate

I Declare and Warranty the truth and correctness of the above information to the best of my knowledge and belief.

Signed:.....

Date:.....