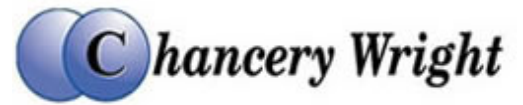


Chancery Wright Insurance Brokers Ltd

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Nairobi
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DATA REQUEST FORM – MOTOR VEHICLE / CYCLE INSURANCE

DETAILS OF PROPOSER

Name

Postal address Tel. No.

Email address

Occupation

DETAILS OF VEHICLE

Make Model: Year of Manufacture: Reg No:

Eng.Capacity: No. of Passenger Value of Vehicle:

Vehicle garage location: Type of Anti-theft device fitted:

COVER REQUIRED:

Comprehensive Third Party Only

Third Party Fire and Theft:

Financial interest, state if Bank financed or self

OTHER POLICIES

Any other policy insuring this vehicle / Cycle? Yes No. If so state insurer and policy number

INSURANCE HISTORY

Has any insurer

i) Declined to insure you? Yes No.

ii) Required special terms to insure you? Yes No.

iii) Cancelled or declined to renew your insurance? Yes No.

iv) Increased premium at renewal? Yes No.

If you answered yes above please give details.

CLAIMS HISTORY

Have you claimed in the past? If so give details

DECLARATION

I do hereby declare that the above information is true and I have not withheld any material information regarding this proposal

SIGNATURE: _____

DATE: ____/____/____