



# KENSKY INSURANCE

## Agency

*Building Partnerships*

Gill House Moi Ave. 2nd Floor  
P.O. Box 9006 - 00200 Nairobi  
Tel: 0733 750 982 Cell: 0721-442703  
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### DATA REQUEST FORM – MOTOR VEHICLE / CYCLE INSURANCE

#### DETAILS OF PROPOSER

Name

Postal address  Tel. No.

KRA Pin  Id Number

Period/starting Date:  To:

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:

Chassis Number:  USAGE (Private/Commercial/PSV)

Financial interest, state if Bank financed or self

Comprehensive  Third Party

#### 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: \_\_\_/\_\_\_/\_\_\_