



Prudent Choice Microinsurance Limited
6, Osifo Street, Behind UBA opposite Guinness Nig Plc, Ikpoba Hill, Benin City, Edo State.

OKADA / KEKE INSURANCE COVER PROPOSAL FORM

IMPORTANT INFORMATION:
THE LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THIS APPLICATION IS ACCEPTED
AND THE PREMIUM IS PAID IN ACCORDANCE WITH SECTION 50(1) OF INSURANCE ACT 2003

This policy covers the Insured against accidental damage to Motorcycle/Tricycle, death and bodily injury of the Riders.

Please use **CAPITALS**, insert **YES** or **NO** where appropriate and initial any amendments

1. PROPOSER'S PERSONAL DETAIL

Title: Mr Mrs Miss Others: _____
Surname: _____ First Name: _____ Other Names: _____
Date of Birth: _____ Occupation: _____
Residential Address: _____
Residential Town/City: _____ Local Government Area: _____
Telephone No: _____ Email: _____
Marital Status: Single Married Divorced/Separated Widowed Gender: M F
Means Of Identification: National ID Driver's Licence Int'l Passport Voter's Card Others _____
Date Of Issuance: _____ Expiry Date: _____

2. THE OKADA/KEKE

REGISTRATION NUMBER	MAKE AND MODEL	ENGINE CAPACITY	CHASSIS NUMBER	SUM ASSURED

Name Of Nominated Rider: _____ Age: _____ Tel. No.: _____

3. USE OF OKADA/KEKE

Are you the sole owner of Okada/Keke? YES NO
If No, name of the person or institution having financial interest and for how long? _____
Nature of Interest: Lease Loan Hire Purchase
Do you have a valid Drivers' license/ Riders' permit? YES NO
Effective date of Cover: _____ to _____

DECLARATION:

I, _____ Hereby declare that the above facts and information are correct and true to the best of my knowledge as at today.

Assured's Signature: _____ Date: _____

OFFICIAL USE ONLY

Name of Officer/Agent: _____

Branch: _____ Premium: _____ Rate: _____

Signature: _____ Date: _____

(Please attach means of Identification)

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