

KIC Proposal Form for Motorcyclists

For more information, please contact our team at insurance@klapton.com or visit our website at [Insurance | KIC - International Insurer & Reinsurer](#)

Section 1: Personal Details	
1. Full Name:	
2. Date of Birth:	
3. Nationality:	
4. Residential Address:	
5. Email Address:	
6. ID number	
7. Phone Number:	
8. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Insurance period: From: _____ To: _____

Section 2: Motorcycling Information	
A. Motorcycle Usage (check all that apply):	<input type="checkbox"/> Daily Commute <input type="checkbox"/> Recreation <input type="checkbox"/> Professional Use (e.g., Delivery/Courier) <input type="checkbox"/> Other (Specify):
B. Motorcycle Details:	Make and Model: Engine Size (cc):
C. Riding Experience Level:	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
D. Protective Gear: Do you regularly use safety gear (e.g., helmet, jacket)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Do you have any pre-existing medical conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
F. Have you experienced any accidents or injuries while motorcycling in the past five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 3: Coverage Details	
1. Desired Coverage Level:	<input type="checkbox"/> K1: Death Due to Accident <input type="checkbox"/> K2: Permanent Accidental Disability <input type="checkbox"/> K3: Temporary Accidental Disability <input type="checkbox"/> EXTENSION: Medical Expenses Coverage
2. Beneficiary Information (In case of accidental death benefit):	
3. Relationship to Applicant:	

DECLARATION

- I know this insurance is executed and placed with a foreign Insurer and I have checked the legality of the process. I know that local regulator does not regulate foreign Insurers.
- I declare my answers are full, correct and made under my own free will with no facts or material details omitted that may affect the risk assessment by the Insurer. It is agreed this application will be the basis for the quote.
- I know that all questions in this application are considered material information, and I do not know any further information that may affect the Insurers decision as to the cover, its scope and terms.
- I know and agree that document will be issued in English. The fact that a document is in English, which may not be my mother tongue, will not be a basis for any claim by me towards the Insurer and the cover.
- I know the insurance will become effective only after the Insurer has confirmed cover in writing, and only after the premium payment has been made. It is my sole duty to read and pay attention to the different conditions of the policy.
- Neither I nor the business proposed for insurance or any employee of mine or of the business proposed for insurance been convicted of any criminal offense, other than traffic violation in the past 5 years.
- I/We agree that the Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the personal statement, declaration and connected documents, or if any material information has been withheld by me/us or anyone acting on my/our behalf to obtain any benefit under this Policy.

Name (duly authorised)	Designation								
Signature	<table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 12.5%;">D</td> <td style="width: 12.5%;">D</td> <td style="width: 12.5%;">M</td> <td style="width: 12.5%;">M</td> <td style="width: 12.5%;">Y</td> <td style="width: 12.5%;">Y</td> <td style="width: 12.5%;">Y</td> <td style="width: 12.5%;">Y</td> </tr> </table> Date	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		