

Head Office:
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hoinfo@firstassurance.co.ke

Town Office:
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Tel: 2219852/3/4/5
cbdinfo@firstassurance.co.ke

Kisumu Branch:
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ksminfo@firstassurance.co.ke

Mombasa Branch:
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Nakuru Branch:
Westside Mall,
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BURGLARY INSURANCE PROPOSAL FORM

PERSONAL DETAILS	
NAME	
ID NUMBER	
DATE OF BIRTH	
KRA PIN NUMBER	
ADDRESS	
TELEPHONE/MOBILE NO	
RISK DETAILS	
PHYSICAL LOCATION & PLOT NUMBER	
PERIOD OF INSURANCE	
VALUE OF SUM INSURED (ATTACH LIST)	
PROPOSED FIRST LOSS SUM INSURED	
TOTAL PREMIUM PAYABLE	

MODE OF PREMIUM PAYMENT: Cash Deposit, MPESA, Fund Transfer, IPF.....

MPESA: (PAY BILL/Business No – 898200 Account No..... Policy No

Or Full Name

I hereby authorize the bank to debit my account no

With the premium due for this proposed policy and to credit to **FIRST ASSURANCE COMPANY LTD ACCOUNT:**

Account Name: **FIRST ASSURANCE COMPANY LTD**

Account Number: **2034212883**

Branch: **OFFICE PARK**

Customer Signature: Date:

Sales Agent: Agent Code:

Referral Name: Agent Code: