



Covering Risks, Improving Lives

Alliance Insurance Corporation Limited

Registered and Head Office

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MOTOR INSURANCE PROPOSAL FORM

Scope of cover: A brief scope of cover is described at the end of this proposal. However a specimen copy of the relevant policy form and other applicant are available on request. We advise you to retain a copy of all the correspondence other than this proposal with you. A copy of this proposal will be available on request once the insurance is conducted.

Please answer the following questions carefully

Policy Number:
(for office use)

1. Proposer's Name (in full):								
2. Proposer's Address								
3. Age:		4. Occupation						
5. Period of Insurance		From						
6. Type of cover required:		<input type="checkbox"/> Comprehensive	<input type="checkbox"/> Third Party Fire & Theft	<input type="checkbox"/> Third Party Only	(Please strike out cover not required)			
7. Type of Motor Vehicle:		<input type="checkbox"/> Private car	<input type="checkbox"/> Commercial Vehicle	<input type="checkbox"/> Motor Cycle	<input type="checkbox"/> Taxi	<input type="checkbox"/> Bus	<input type="text"/> Others (please specify)	
Delete inapplicable portion								
8. Particulars of the vehicle / s to be insured								
Registration Marks	Make & Body Type	Chassis & Engine No.	Cubic Capacity	Year of Manufacturer	Carrying Capacity		Date of Purchase	Insured's Estimated Value
					Passenger	Goods		
9. If you wish to cover accessories give details and values.							Others (please specify)	
<input type="checkbox"/> Radio / Cassette Player	<input type="text"/>	<input type="checkbox"/> Roof Rack	<input type="text"/>	<input type="checkbox"/> Spot / Fog Lamps	<input type="text"/>	<input type="text"/>	<input type="text"/>	
10. Do you require special windscreen cover?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	(Give limit of Indemnity required.)				
11. Give details of Trailer or Side car attached.								
12. State fully for which purpose the vehicle is going to be used.								
13. Who will the vehicle be driven by?		Self <input type="checkbox"/>	Self & Spouse <input type="checkbox"/>	Paid Driver <input type="checkbox"/>	Others <input type="checkbox"/>			Please describe
14. Will the vehicle be driven by anyone under the age of 25 (There is an extra excess in the policy for young and inexperienced drivers)		Yes <input type="checkbox"/>	No <input type="checkbox"/>					
15. Do you or any other person, who to your Knowledge will the vehicle:							If yes, give full details	
(i)	Suffer from defective vision or hearing (not corrected by glasses or hearing aid) and/or physical disability and/or disease or illness?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____				
(ii)	During the past 5 years been convicted or Have pending any prosecution for a motoring offence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____				
(iii)	During the last 5 years been off the road due to a suspension of license?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____				
(iv)	Any time been refused Motor vehicle Insurance or refused renewal or had a policy cancelled or been asked to agree to any special terms or premium?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____				
(v)	During the past three years been involved in any accident irrespective of blame?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____				

16.	Is a Finance Company or any other party financially interested in the vehicle? If yes, please give details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
17.	Do you own or use any other vehicle? If yes, please give details along-with name of insurers.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
18.	Do you have any other insurance with the Corporation? If yes, please give details along with policy number.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
19.	Do you hold or have you ever held a motor insurance Policy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
20.	Are you claiming No Claim Discount?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

21. Please give details of claims/accidents in the last five years on your vehicle, as under:

Year	No. of Vehicles	Paid Claims		Outstanding Claims		Total		<u>Amount not covered by insurance</u>
		No.	Amount	No.	Amount	No.	Amount	

22. Are there any additional circumstances or facts affecting the proposed insurance which should be disclosed to the Corporation, for their consideration of this insurance? If so, give full details.

I hereby declare that the above particulars and answers are true and complete in every respect and that no material fact has been suppressed or withheld and I undertake to exercise all ordinary and reasonable precautions for the safety of the property and I further declare that if such statements and particulars are in the writing of any other person other than myself, such person shall be deemed to have been my agent for the purpose and I agree that this declaration and answers given above shall be the basis of the contract between me/us and the Insurance Corporation and I further agree to accept a policy subject to the usual conditions prescribed by the Corporation and endorsed on their policy and to pay the premium there under when called upon to do so

Dated _____ at _____

Signature of the Proposer

SCOPE OF COVER

The Motor Policy can be arranged on a Comprehensive, Third Party, Fire and Theft or on a Third Party Only basis. The benefits provided by these different types of covers can be summarized as follows.

Third Party Only: Insured's legal liability arising out of death or bodily to third parties (refer Cap) and damage to third party property. Please note that the property conveyed in the vehicle or owned by or in the custody of the insured, the insured's household or employees is not covered under the Motor Policy

Third Party, Theft & Fire: In addition to the above this covers loss or damage to the Insured vehicle by Fire and Theft.

Comprehensive: In addition to the above this covers loss or damage to the Insured vehicle by accident or malicious act.

Please note that the policy does not cover loss or damage to vehicle by mechanical breakdown, wear and tear, riot and strike, earthquake, flood, cyclone, hurricane, typhoon and War and Civil Commotion. However Earthquake, Flood, Cyclone, Riot, Strike and Civil Commotion risks can be included at an additional premium.

Value for Insurance

Please ensure that the Sum Insured declared for insurance should be equal to the market value of the vehicle. If found less, then you will be assumed to be your own insurer for the balance and will be required to bear a rate able proportion of the loss (es).

Please also note that the policy covers the basis motor vehicle only and extra fittings like Radio/Cassette player, Roof racks, Sun visor Aerial, Spot & Fog lamps, Cushions, Covers & Mats are required to be insured separately and values indicated.

The above information is of general nature. For further details and specific information please refer to the policy whose terms, conditions, exceptions, clauses and warranties are applicable to this Insurance.