



MOTORCYCLE INSURANCE PROPOSAL FORM

AGENT/BROKER	ACCOUNT NO.	POLICY NO.
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IMPORTANT - PLEASE ANSWER ALL QUESTIONS (BLOCK CAPITAL)

FULL NAME OF PROPOSER _____

POSTAL ADDRESS _____

ADDRESS WHERE MOTORCYCLE IS USUALLY GARAGED _____

BUSINESS OR PROFESSION (Including part time, if any) _____

Make and Model	Registration Number	c.c.	Year of Manufacture	Estimate of value incl. Accessories and Spare Parts	Seating capacity incl. Driver	State any changes made to makers design of body or engine. If none state NONE	New or Second Hand

Tick appropriate box

- | | YES | NO |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Are you now or have you been insured in respect of any Motorcycle? if so, state name of Insurer and policy no. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. In respect of yourself or any other person who to your knowledge will ride, has any insurer (a) declined a proposal or (b) required an increased premium or imposed special conditions or (c) cancelled or not invited renewal of a policy?
If "Yes" give details _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Will the motorcycle be used for social, domestic and pleasure purpose and by the Insured in <u>person</u> in connection with his business or profession _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Will the motorcycle be used for social domestic and pleasure purposes and for the Insured's business? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. "Will the motorcycle be used on any airport/airstrip premises or along runways or taxiways where the public do not normally have access?" "If yes give details." _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you, or does any person whom to your knowledge will ride, suffer from defective vision, hearing or from any physical or mental infirmity or fits of any kind? If yes give details. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you, or has any person who, to your knowledge will ride been convicted during the past 5 years of any offence in connection with any motorcycles or is any prosecution or Police enquiry pending?
If "Yes" give details _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you a current licence (not Provisional) to ride Motorcycles? If 'No' state type of licence held | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are you the owner of the motorcycle, and is it registered in your name?
If No give details. State name of Hire Purchase Co. (If any) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are you entitled to No Claim Discount from your previous Insurers?
If so attach last Renewal Notice or other evidence _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Give details of Anti-Theft Device fitted _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Give the following information in respect of any person other than yourself who to your knowledge will ride.
If NONE, state "NONE" here _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Name(s) of Person(s)	Occupation	Age(s)	Period full driving licence held in East Africa	Details of all accidents or Losses during past 3 years if None state NONE"	Period of Motorcycle riding experience

13. State period(s) with dates, of your motorcycle riding Experience _____

14. If any vehicle or motorcycle owned or driven/ridden by you has been involved in any accident or loss in the past 3 years please complete the panel below in full IF NONE, STATE "NONE" HERE _____

Past 3 years	Total number of cars Vehicle or cycles owned by you each year	Total number of accident or losses in connection with cars, vehicles or cycles or cycle OWNED or DRIVEN by you.	Damage to Proposer's Cars, Vehicles or Cycles Amount	Their Party amount	OFFICE USE ONLY

COVER REQUIRED

Comprehensive

Third Party Fire & Theft

Third Party only

If cover is required for accessories (other than standard accessories fitted by the manufacturer) give details and value (Comprehensive Only).

Extra Benefits: state which are required (a) Windscreen _____ Sum Insured _____

(b) _____

(c) _____

DECLARATION

I/We hereby declare the truth and correctness of the above statements and particulars and agree that this Proposal and Declaration shall be held to be promissory and the basis of the contract between me/us and Century Insurance Company Limited. I/We undertake that the vehicle (s) to be insured shall not be driven by any person who to my/our knowledge has been refused any Motor Vehicle Insurance or continuance thereof.

Further I/We do hereby accept the following restrictions of cover:

(a) Exclusion of Household Passenger Liability

(b) Compulsory Excess: Tshs. _____

(c) _____

PROPOSER'S SIGNATURE _____ DATE _____ 20 _____

No liability (except for the period stated in the Insurer's Official Cover Note) is undertaken until the Proposal is accepted by the Insurer and the premium paid.