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MOTOR PUBLIC SERVICE VEHICLE PROPOSAL FORM

Third Party Only: This covers death or injury to third parties, damage to property belonging to third parties following an accident subject to terms and conditions of the policy to be issued.

Third Party Fire and Theft: This covers death or injury to third parties, damage to property belonging to third parties following an accident and also covers damage to the insured vehicle by Fire and theft or attempted theft subject to the terms and conditions of the policy to be issued.

Comprehensive: This covers death or injury to third parties, damage to property belonging to third parties following an accident and also covers damage to the insured vehicle by Fire, theft or attempted theft and any other cause subject to the terms and conditions of the policy to be issued.

A. PROPOSER DETAILS

1. Name:
2. Postal Address:
3. Physical Address:
4. Telephone Number(s): 1..... 2.....
5. Email Address: 1..... 2.....
6. Trade / Occupation:
7. TIN No..... VRN.....

B. RISK DETAILS

1. **Driver(s)**

- i) Will the vehicle(s) be driven by only authorized driver(s)? (YES) (NO)
- ii) Will the vehicle(s) be driven by persons holding valid Tanzanian Driving License?
(YES) (NO)

If answered NO to any of the above please give details

- iii) Has any person who will drive the said vehicle(s), to your knowledge, ever been convicted of any motoring offence? (YES) (NO)

If yes please give details.....

2. **Vehicle(s) to be covered** (Please attach copy of the Registration cards)

	VEHICLE 1	VEHICLE 2	VEHICLE 3
REG NO.			
MAKE			
TYPE OF BODY			
SEATING CAPACITY			
YEAR OF MANUFACTURE			
CHASSIS NO.			
ENGINE NO.			
CUBIC CAPACITY			
COLOUR			
INSURED VALUE			



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- i) Are you the owner of the vehicle(s) (YES) (NO)?
- ii) Is/Are the vehicle(s) registered in your name? (YES) (NO)
- iii) Is a finance company or any other party financially interested? (YES) (NO)
If yes, state name and address.
- iv) Is/Are the vehicle(s) fitted with a tracking device? (YES) (NO)
(No Excess if fitted with a working tracking device)

3. Vehicle(s) Use

Will the vehicle(s) be used for the following purposes?

- i) For carriage of Own goods? (YES) (NO)
- ii) For carriage of other Persons goods for hire or reward? (YES) (NO)
- iii) For carriage of passengers for hire or reward? (YES) (NO)
- iv) If for any other purpose please specify.....
- v) If goods are to be carried, state the nature of such goods.....

4. Loss History

- i) Are you now or have you been insured in your own name before? (YES) (NO)
If YES state the name of the Insurer
- ii) Has any insurance company ever:-
 - a. Declined your proposal? (YES) (NO)
 - b. Required an increased premium? (YES) (NO)
 - c. Imposed special terms or conditions? (YES) (NO)
 - d. Cancelled or refused to renew your policy? (YES) (NO)
- iii) Please give particulars of all accidents or losses in the last three years.
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5. Cover required? – Please tick one

- Comprehensive Third Party Fire and Theft Third Party Only

Do you require cover for the following?

- a) Landmine cover extension (YES) (NO)
- b) Windscreen cover above the free limit of Tshs 1000,000 (YES) (NO)
- c) Passenger’s Liability for front cabin passengers (YES) (NO)
If so state number of passengers_____

6. **Period of Insurance:** FromTo

C. DECLARATION

I warranty that the above statements made by me or on my behalf are true and complete to the best of my knowledge and belief and I agree that this proposal shall be the basis of the contract between me and the company.

I agreed to accept a policy in the company’s usual form for this class of insurance.

Signature _____ Signed by _____ Date _____