**MOTORSURE MOTOR PRIVATE 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.

1. **PROPOSER DETAILS**

**FOR INDIVIDUAL APPLICATIONS**

1. Name: …………………………………………………………………………………………………...
2. Date of Birth: ……………………………………………………………………………………………
3. Passport/ ID Number: …………………………………………………………………………………

**(Please attach copy of ID/Passport)**

1. Nationality: ……………………………………………………………………………………………..
2. Physical Address: …………………………………………………………………………………......
3. Telephone Number (s):. ………………………………………………………………....................
4. Email Address: …………………………………………….…………………………………..............
5. Trade / Occupation: ………………………………………………………………………………….
6. Physical address of Trade/ Occupation: …………………………………………………………
7. Source of income: …………………………………………………………………………………….

**FOR CORPORATE APPLICATIONS**

1. Registered name of the organization: …………………………………………………………….
2. Registration number of the organization: ………………………………………………………...

**(please attach copy of the registration certificate and TIN)**

1. Source of funds: ……………………………………………………………………………………….
2. Registered physical address of the organization:

…………………………………………………………………………………………………………….

1. Name of the CD/ MD/ ED / CEO /Authorized representative: …………………………………………………….............................................................................
2. Date of Birth: ………………………………………………………………………………………….
3. Nationality: …………………………………………………………………………………………….
4. Passport/ ID number (please attach copy): ……………………………………………………
5. Telephone number(s)…………………………………………………………………………………
6. Email address(es): ……………………………………………………………………………………………………………
7. Names of shareholders

**(please attach their ID/ Passport copies)**

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1. Shareholding details

**(please attach copy of memorandum and articles of association)**

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1. **RISK DETAILS**
2. ***Driver(s)***
3. Will the vehicle(s) be driven by only authorized driver(s)? (YES) (NO)
4. Will the vehicle(s) be driven by persons holding valid South Sudan Driving Licence? (YES) (NO)

If answered NO to any of the above please give details ………………………………………………………………………...…………………………………

1. 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………………………………………………………………………………

1. ***Vehicle(s) to be covered***
2. Give details of vehicles to be covered*(alternatively provide a list in the same format)*

|  |  |  |  |
| --- | --- | --- | --- |
|  | VEHICLE 1 | VEHICLE 2 | VEHICLE 3 |
| REG NO. |   |   |   |
| MAKE |   |   |   |
| TYPE OF BODY |   |   |   |
| SEATING CAPACITY |  |  |  |
| YEAR OF MANUFACTURE  |   |   |   |
| CHASSIS NO. |   |   |   |
| ENGINE NO. |   |   |   |
| CUBIC CAPACITY |   |   |   |
| COLOUR |   |   |   |
| VALUE INCLUSIVE OF DUTIES & INCIDENTALS SSP |   |   |   |

1. Are you the owner of the vehicle(s) (YES) (NO)?
2. Is/Are the vehicle(s) registered in your name? (YES) (NO)
3. Is a finance company or any other party financially interested? (YES) (NO)

If yes, state name and address. ……………………………………………………….

1. Is/Are the vehicle(s) fitted with a tracking device? (YES) (NO)

**Note: Theft excess is 20% of vehicle(s) value if vehicle is not fitted with a tracking device**

1. ***Vehicle(s) Use***

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

1. For social, domestic and pleasure purposes? (YES) (NO)
2. For you in connection with your own and/or your employer’s business? (YES) (NO)
3. For carriage of goods or passengers for hire or reward? (YES) (NO)
4. ***Loss History***
5. Are you now or have you been insured in your own name before? (YES) (NO)
6. Has any insurance company ever:-
7. Declined your proposal? (YES) (NO)
8. Required an increased premium? (YES) (NO)
9. Imposed special terms or conditions? (YES) (NO)
10. Cancelled or refused to renew your policy? (YES) (NO)
11. Please give particulars of all accidents or losses in the last three years.

………………………………………………………………………………………………………

1. ***Cover required? – Please tick one***

Gold Silver Standard Cooperate Third Party Only

If comprehensive, do you also require?

1. Landmine cover extension (YES) (NO)
2. Windscreen cover above the free limit of SSP.1,500 (YES) (NO)
3. Radio Cassette cover above the free limit of SSP.1,500 (YES) (NO)
4. ***Period of Insurance*:** From ………………………………To ………………………………………
5. **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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For official use only**

1. Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_b) Agency Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Authorized: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_d) Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Branch

**Premium Charged:** Basic …………………………………….

 Stamp Duty ………………………….

Total …………………………………….