

**Broker/Agent:**



**PRIVATE MOTOR CAR INSURANCE  
PROPOSAL FORM**

**IMPORTANT:-** The purpose of this Proposal Form is to provide the Company with all the material information that is likely to influence the assessment of your Proposal. When completing the Proposal form or having your agent complete it for your signature you should complete all questions fully (dashes are not sufficient). Where you are in doubt as to whether a particular piece of information is material you should include it. Failure to disclose all facts may invalidate the cover under your Policy. It is an offence to make a false statement or withhold any material information for the purpose of obtaining a certificate of Motor Insurance. Please also initial any alterations.

**1. The Proposer**

- (a) Name of proposer (in full) .....  
(Please use Block letters)
  
- ID. No./Passport No. ....
- Pin No. .... Client No.....
- (b) Postal Address: P.O. Box ..... Code ..... Town .....
- Telephone Number ..... Fax No .....
- Mobile Phone ..... Email Address .....
- (c) Physical Address: .....
- (d) Age (not applicable to firms) .....
- (e) How long have you held a driving licence? .....
- (f) Precise business or profession (including part time if any) .....
- i) Incase of firm - Contact person: .....
- ii) If you are an APA client provide your No. ....

**2. Period of Insurance:** From ..... To .....

**3. Type of Policy required:** a) Comprehensive  b) Third Party Fire & Theft  c) Third Party

**4. Particulars of vehicle(s) to be Insured**

(a)

Reg. Mark(s)	Make/ Model	Type of Body	Engine No./ Chassis No	Year of Manf.	Cubic Capacity	Seating Capacity	Date Purchased	Insured's Estimate of Present Value of Vehicle (including Accessories and Spare Parts)

Please attach a copy of the Log book

- (b) Give details of Anti-theft device(s) fitted (Attach a copy of certificate) .....
- (c) Is any of the vehicle(s) proposed a left hand drive model? Yes  No
- (d) Is there a local dealer for the particular model of vehicle(s) proposed? Yes  No
- (e) Has the car been converted, adopted or modified in any way? Yes  No
- If yes give details .....
- (f) Is the vehicle
  - (i) Reconditioned
  - (ii) Used ex-Japan/Dubai (Others - Please specify)

(g) Is the vehicle usually kept overnight

- |                                |                          |                          |
|--------------------------------|--------------------------|--------------------------|
|                                | Yes                      | No                       |
| (i) In a locked garage?        | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) In open at your premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| (iii) Elsewhere                | <input type="checkbox"/> | <input type="checkbox"/> |

If yes give details .....

**5. Ownership**

(a) Are you the owner of the Vehicle and is it registered in your name Yes  No

(If not, state name and address of Owners and of the persons in whose name the vehicle is registered)

.....

(b) Is there any Financiers' interest on the vehicle(s)? Yes  No

If yes give details .....

**6. The Driver(s)**

Do you or any other person who to your knowledge will drive the proposed vehicle

(a) Suffer from defective vision or hearing or from any physical mental infirmity or disease?

Yes  No

If yes give details .....

(b) Been convicted during the past five years with any offence in connection with driving of any motor vehicle(s)?

Yes  No

If yes give details .....

(c) Give details of the driving experience of all persons who will drive the proposed vehicle(s).

Name	Age	Occupation	Date of Issue of License Full/

*Note: On named drivers a discount on premium is applicable*

(d) Do you or does any other person who to your knowledge will drive, hold a Provisional Learners Licence?

Yes  No

If yes please note policy restriction will apply.

**7. Use of Vehicles**

(a) Will the vehicle be used

- |   |                          |                          |
|---|--------------------------|--------------------------|
|   | Yes                      | No                       |
| (i) Solely for social, domestic and pleasure purposes?                    | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) For the purpose of your own or your employer's business?             | <input type="checkbox"/> | <input type="checkbox"/> |
| (iii) For carriage of fare paying passengers or goods for hire or reward? | <input type="checkbox"/> | <input type="checkbox"/> |
| (iv) For any other purpose?   | <input type="checkbox"/> | <input type="checkbox"/> |

If yes give details .....

## ! 8. Previous Experience

- (a) Are you now or have you been insured in respect of any motor vehicle? Yes  No

If yes give details of registration marks and name of Insurance Company .....

- (b) Has any Company in respect of yourself or any other person who will drive, ever:

- |   |                          |                          |
|---|--------------------------|--------------------------|
|   | Yes                      | No                       |
| (i) Declined your proposal?   | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) Cancelled or refused to renew your policy?                         | <input type="checkbox"/> | <input type="checkbox"/> |
| (iii) Required an increased premium or imposed special conditions?      | <input type="checkbox"/> | <input type="checkbox"/> |
| (iv) Required you or such person to carry the first amount of any loss? | <input type="checkbox"/> | <input type="checkbox"/> |

- (c) Give herebelow record of accidents/losses during the last three years in connection with any motor vehicle(s) owned, driven or used by you, whether insured or uninsured.

Date of Accident	Cost	Brief details of the Accident

- (d) Are you entitled to a No-Claim Discount from your previous Insurers in respect of any of the vehicle(s) described in the proposal? Yes  No

(Note: If yes, please attach proof.)

## 9. Extra Benefits

Do you wish to insure for the following?

- |   |                              |                             |             |
|---|------------------------------|-----------------------------|-------------|
|   | Yes                          | No                          |             |
| a) Windscreen .....   | <input type="checkbox"/>     | <input type="checkbox"/>    | Limit ..... |
| b) Radio Cassette .....   | <input type="checkbox"/>     | <input type="checkbox"/>    | Limit ..... |
| c) Strike, riot and civil commotion?  |                              |                             | .....       |
| d) Flood, Typhoon, Hurricane, Volcanic Eruption, Earthquake, or other convulsion of nature? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |             |
| e) Any other (Give details) .....   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | .....       |

## DECLARATION

I/We declare that to my/our knowledge the answers and particulars given in this proposal are true and complete and that I/We have not withheld any material information and that the vehicle(s) described is/are in good condition. I/We further agree that this proposal and declaration shall be the basis of the contract between me/us and A P A Insurance Ltd. whose policy applicable to this insurance I/We agree to accept.

Date: .....

Proposer's Signature: .....

I/We hereby agree to accept this policy subject to the following restrictions:-

- (a) The first Shs. \_\_\_\_\_ of each and every claims under Section I and II and Theft Excess of Shs. \_\_\_\_\_ to be paid by Me/Us
- (b) Subject to valid driving licence at the time of accident.

**THE LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED BY THE COMPANY AND THE FIRST PREMIUM PAID.**