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| Agency………………………  A/C No……………………… | | | C/Note……………………….  Client No…………………… | | Policy No……………………………………….. | | | |
| **INSURANCE GROUP OF TANZANIA LTD**  *12TH FLOOR NIC INVESTMENT HOUSE, SAMORA AVENUE P.O. BOX 605 DAR ES SALAAM,*  *TEL: + 255 – 22- 2131481, FAX: + 255 – 22- 2131482* | | | | | | | | |
| **TANKERS AND GENERAL CARTAGE PROPOSAL FORM**  (VEHICLE USED FOR HIRE OR REWARD) | | | | | | | | |
| 1. Full name of proposer(s) (In Capitals)…………………………………………………………………………………………………………………………  2. K.R.A Personal Identification Number (P.I.N.)……………………………………………………………………………………………………………  3. Postal Address …………………………………..Code……………………………………………Tel. No………………………………………………………………  4. Profession or Occupation ………………………………………………………………………………………………………………………………………………  5. What is your age? ..............................................  6. Residential Address (in full) ………………………………………………………………………………………………  7. Period of Insurance required for………………………………Months from…………………………………………to……………………………………………  **Particulars of vehicle(s) /Trailer (s) to be insured** | | | | | | | | |
|  |  | | | | | | | |
| **Registered**  **Letters and**  **Numbers** | **Make of Vehicle/**  **Trailer** | **Cubic**  **Capacity**  **of Engine** | | **Year of**  **Manu-**  **facture** | **Maximum**  **carrying**  **Capacity in**  **Tonnes** | **Date of**  **Purchase** | **Price paid by**  **Proposer**  **(Kshs.)** | **Proposer's Estimate**  **of:**  a)**Present Value**  **b)Accessories**  **therein**  **(Kshs.)** |
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|  |  |  | |  |  |  |  |  |
| 8. (a) State which Vehicle(s) and Trailer(s) are articulated unit  (b) State which Vehicle(s) are fitted with a towing attachment  (c) Give details of registration of any other Trailers which you own | | | | |  | | | |
|  | | | |
|  | | | |
| 9. State type of cover required  (Delete Insurance Not required) | | | (a) Third Party Only (b) Third Party Fire and Theft  (c) Comprehensive | | | | | |
| 10. (a) State full purposes for which the Vehicle(s)/Trailer(s)  (b) What is the general nature of the goods  (c)If you operate as a Sub-Contractor to another | | | | carried? | will be used | | | |
|  | | | |
| Operator give his name and | | | | |
| 11. (a) Has any Vehicle/Trailer been  Yes No | | altered or adapted to carry a load heavier than stated in the maker's published specifications?  used to carry a load heavier than the maximum carrying capacity? Yes No | | | | | | |
| (b) Will any Vehicle/Trailer be | |
| 12. State total number of employees licensed to | | | | drive | |  | | |
|  | |
| 13. To the best of your knowledge and belief have you, or has  (a) i) defective vision or hearing?  ii) now, or within the last 5 years experienced diabetes,  fits or any complaints of the heart?  iii) any other physical or mental infirmity? | | | | | any other person who to your knowledge will drive suffer  i) | | | |
| ii) | | | |
| iii) | | | |

**Note:- Please read this Form carefully and give a definite answer to each question. Ticks and Dashes cannot be accepted as answer.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| If so give details  b) been convicted of any offence in connection with the  Vehicle? If so give date and nature of penalty  c) only passed his driving test during the past 24 months?  d) has less than 36 months experience of driving omnibuses | | driving of any Motor  b) | | | | | |
| c) Yes/No | | | | | |
| or heavy lorries? d) Yes/No | | | | | |
|  | | | | | |
| 14. (a) Will the Vehicle(s) be driven by any persons under  accidents or losses during the past 3 years  (b) Will the Vehicle(s) be driven by any person with  If so give name(s) and length of driving experience  **NOTE: The Insurance may be inoperative or special** | | 25 years of age? If so state name(s), length of driving, experience and details of all | | | | | |
| less than 3 years driving experience on a full | | licence? | | | |
|  | | | |
| **restrictive terms applied for drivers under age 25 years** | | | | | |
| 15. Are you now  (If known) | or have been insured in respect of any Motor Vehicle? If so, state Name and Branch Office of the Insurers and Policy No. | | | | | | |
|  | | | | | | |
| 16. Has any Company underwriter ever:‑  a) Declined your proposal?  b) Required an increased premium or imposed special premiums?  c) Required you to bear the first portion of any loss?  d) Refused to renew or cancelled your policy? | | | a) | | | | |
| b) | | | | |
| c) | | | | |
| d) | | | | |
|  | | | | |
| 17. a) State the number of Motor Vehicle(s) /Trailer(s) (Including Motor Cycles) owned  by you within each of the past three years | | | Year | | 20 | 20 | 20 |
| Vehicle Owned | |  |  |  |
| Trailer Owned | |  |  |  |
| Give particulars in the following schedule of all accidents or losses, during the past 36 calendar months in connection with all Vehicles/Trailers  owned or driven by you or used by you, including the Vehicle(s) which is/are the subject of this proposal.  All accidents and losses must be included whether insured or uninsured and whether resulting in a claim or not. | | | | | | | |
| **Date** | **Cost**  **(Paid or estimated)** | **Nature of Payment**  **(e.g. Own Damage, Third Party etc.)** | | **Brief Details of the Incident** | | | |
|  |  |  | |  | | | |
|  |  |  | |  | | | |
|  |  |  | |  | | | |
| 18. Is each  a) Your  b) Registered | Vehicle/Trailer.  Property? | | | | | | |
| in your name? | | | | | | |
|  | | | | | | |
| 19. If a Hire Purchase Company is interested in the  State name of such Company and indicate which | | Vehicle(s)/Trailer(s) | | | | | |
| Vehicle(s)/Trailer(s) | | | | | |
|  | | | | | |
| I/We declare to the best of my/our knowledge and belief that  a) the above answers are true  b) all material particulars affecting the assessment of the risk have been disclosed  c) the vehicle(s)/Trailer(s) are in sound and roadworthy condition and is/are operating under the current Vehicle Inspection Report(s)  I/We agree that this proposal and declaration shall be the basis of the contract between me/us and the Insurers and shall be deemed to be  incorporated in such contract.  I/We further agree that the Vehicle(s) to be insured shall not be driven by any person who to my/our knowledge has been refused any Motor  Insurance or continuance thereof.  Date Signature of Proposer(s) | | | | | | | |
| Name  If signing in an authorized capacity on behalf of the  i) whether  Impress here  Company's/Firm's  Rubber Stamp | | of Signatory in capital letters | | | | | |
| "The Proposer" state  as a Partner | | | | | |
| ii) position  in Company or Firm | | | | | |
| with | | | | | |
| Liability does not begin until this proposal has been accepted by the Company and the Premium paid, except as provided by any official cover  note issued by the Company. Any untrue, incorrect or misleading answer to the above questions could make the Insurance invalid and  inoperative in respect of claims arising | | | | | | | |

**Note:- Please read this Form carefully and give a definite answer to each question. Ticks and Dashes cannot be accepted as answer.**