



Madam Pesa
MADAMPESA INSURANCE AGENCY

**Classic Mall, Mbezi Beach
Plot No 182, Block C
Dar es Salaam,
Tanzania.
+255678700044
+255(0)222628081**

MOTOR INSURANCE PROPOSAL FORM

Please answer the following questions carefully

Policy Number (for Office use)

1. Proposer's Name (in full)								
2. Proposer's Address Including Telephone								
3. Age		4. Occupation		E-Mail Address				
5. Period of Insurance		From		To				
6. Type of Cover required. (Please tick the box)								
<input type="checkbox"/> Third Party Only								
Covers Legal liability of Insured due to death or bodily injury to third parties and damage to third parties property. This does not cover loss/ damage to the Insured vehicle or any property being conveyed in the vehicle or owned by or in the custody of the Insured its households or employees.								
<input type="checkbox"/> Third Party, Fire & Theft								
Covers Third Party as above plus loss/damage to Insured vehicle by Fire and Theft only.								
<input type="checkbox"/> Comprehensive								
Covers Third Party as above plus loss/damage to Insured vehicle due to accident.								
7. Type of Motor Vehicle:								
<input type="checkbox"/> Private Car		<input type="checkbox"/> Commercial Vehicle		<input type="checkbox"/> Motor Cycle		<input type="checkbox"/> Taxi	<input type="checkbox"/> Bus	
Delete inapplicable portion						(Others (Please specify))		
8. Particulars of vehicle/s to be insured.								
Registration Marks	Make & Body Type	Chassis & Engine No.	Cubic Capacity	Year of Manufacture	Carrying Capacity		Date of Purchase	Insured's Estimated Value
					Passenger	Goods		
Please ensure that the value given above is equal to the Market Value of vehicle. If found less, you will be required to bear a rateable proportion of loss(es)								
9. If you wish to cover accessories give details and values. (Otherwise accessories or extra fittings are not covered except build in Radio/ Cassette)								
Radio/Cassette Player						Others(Please specify)		
		Roof Rack		Spot/Fog lamps				
10. Do you require windscreen cover? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give limit of Indemnity required.								
11. Give details of Trailer or Side car attached.								
12. State fully for which purpose the vehicle is going to be used.								
13. Whom will the vehicle be driven by? Self <input type="checkbox"/>			Self & Spouse <input type="checkbox"/>		Paid Driver <input type="checkbox"/>		Others Please describe <input type="checkbox"/>	
14. Will the vehicle be driven by anyone under the age of 25? (there is an extra excess in the policy for young and inexperienced drivers) Yes <input type="checkbox"/>							No <input type="checkbox"/>	
This excess will be over and above the normal excess.								

15. Do you or any other person, who to your knowledge will drive the vehicle:	If yes, give full details							
(i) Suffer from defective vision or hearing (not corrected by glasses or hearing aid) and/or physical disability and/or disease or illness?	Yes No 							
(ii) During the past 5 years been convicted or have pending Any prosecution for a motoring offence?	Yes No 							
(iii) During the last 5 years been off the road due to suspension of licence?	Yes No 							
(iv) Any time been refused Motor vehicle Insurance or refused renewal or had a policy cancelled or been asked to agree to any special terms or premium?	Yes No 							
(v) During the past three years been involved in any accident irrespective of blame?	Yes No 							
16. Is a Finance Company or any other party financially Interested in the vehicle? If yes, please give details	Yes No							
17. Do you own or use any other vehicle? If yes, please give details along with policy number	Yes No							
18. Do you have any other insurance with Company? If yes, please give details along with policy number	Yes No							
19. Do you hold or have you ever held a motor insurance policy?	Yes No							
20. Are you claiming No Claim Discount?	Yes No							
21. Please give details of claims/ accidents in the last five years on your vehicles, as under								
Year	No. of vehicles & Accidents	Paid claim		Outstanding claims		Total		Amount not covered by insurance
		No.	Amount	No.	Amount	No.	Amount	
22. Do you wish to cover the vehicle against additional covers like Riot, Strike & Civil Commotion, Cyclone, Earthquake, Flood and by paying extra premium for extension		Yes	No					
23. If the vehicle fitted with an Auto Theft Alarm		Yes	No					
24. Are there any additional circumstances or facts affecting the proposed insurance which should be disclosed to the Company, for their consideration of this insurance. If so give full details.								
I hereby declare that the above particulars and answers are true and complete in every respect and that no material fact has been suppressed or withheld and I undertake to exercise all ordinary and reasonable precautions for the safety of the property and I further declare that if such statements and particulars are in the writing of any other person other than myself such person shall be deemed to have been my agent for the purpose and I agree that this declaration and answers given above shall be the basis of the contract between me/us and the Insurance Company and I further agree to accept a policy subject to the usual conditions prescribed by the Company and endorsed on their policy and to pay the premium thereunder when called upon to do so.								
Dated:		at		Signature of the proposer				
Agent' name				Account code:				
1. A specimen copy of the policy form and all the other terms applicable to risk are available on request.								
2. Please keep all records of information written in this proposal form.								