



INSURANCE GROUP OF TANZANIA LIMITED

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MOTOR INSURANCE PROPOSAL FROM (FOR HIRE OR REWARD)

Please answer the following questions carefully:

Policy Holder Number; _____
 (for office use)

1. Proposer's name (in full)								
2. Proposer's address (including telephone)						Mobile Tel:		
3. Age	4. occupation					E-mail Address		
5. period of insurance; From: _____ To: _____								
6. Type of cover required (Please tick the box)								
Third Party Only: Cover legal liability of insured due to death or bodily injury to third parties and damage to third parties property. (Refer Cap)- 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.								
Third Party, Fire & Theft: covers third party as above plus loss/damage to insured vehicle by fire and theft only.								
Comprehensive: Covers Third Party as above plus loss/damage to insured vehicle due to accident.								
7. Type of Motor Vehicle: (i) TAXI (ii) DALADALA (iii) BUS (iv) TANKER& (vi) OTHERS GENERAL (please specify) CARTAGE _____ _____								
8. Particulars of the vehicle/s to be insured.								
Registration Marks	Make & Body type	Chasis & 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 the loss (es).								
9. if you wish to cover accessories give details and values. (other accessories or extra fittings are not covered except built in Radio/Cassette)								
Radio/Cassette Player : _____		Roof Rack _____		Spot/Fog Lamps: _____		Others (Please specify): _____		
10. Do you require windscreen cover?				Yes: _____ No: _____		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: _____ Self & Paid Others Spouse: _____ driver: _____ please describe:								
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: _____ No: _____ This excess will be over and above the normal excess.								

<p>15. Do you or any other person, who to your knowledge will Drive the vehicle:</p> <p>(i) suffer from defective vision or hearing (not corrected by glasses or hearing aid) and/or physical disability and/or disease or illness?</p> <p>(ii) during the past 5 years been convicted or have pending any prosecution for a motoring offence?</p> <p>(iii) during the last 5 years been off the road due to suspension of license?</p> <p>(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?</p> <p>(v) during the past three years been involved in any accident irrespective of blame?</p>	<p>If yes, give full details</p> <p>Yes:___ No:___</p> <p>_____</p> <p>Yes:___ No:___</p> <p>Yes:___ No:___</p> <p>_____</p> <p>Yes:___ No:___</p> <p>_____</p> <p>Yes:___ No:___</p> <p>_____</p> <p>_____</p>					
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 the company? If yes, please give details along with policy number						
19. Do you hold or have ever held a motor insurance policy?						
20. Are you claiming No Claim Discount?						
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	
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. Is 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						
We/I warrant that the answers given above are true and that this proposal form shall be the basis of the contract between me and the company.						
Dated:_____ at _____ Signature of the proposer:_____						
AGENCY:						
Agent's name:			Account code:			

PLEASE NOTE PRIOR TO SUBMISSION of PROPOSAL FORMS TO INSURERS!

- A specimen copy of the policy document and endorsements applicable to this cover are available on request.
- The policyholder shall keep a record of all information including copies of letters supplied to the Insurer for purpose of entering into the contract.
- A copy of the completed proposal form will be supplied on request after its completion.
- Cover does not commence unless premium has been paid in accordance with THE INSURANCE ACT/ REGULATIONS