



Niko Insurance (Tanzania) Limited

PPF HOUSE, 8th Floor, Morogoro Road / Samora Avenue; Tel: +255 22 2120188; Fax: +255 22 2120193;
E-mail: info@nikoinsurance.co.tz ; Website www.nikoinsurance.co.tz

PROPOSAL FOR COMMERCIAL VEHICLE INSURANCE

NOTE: Please give a definite answer to each question except where questions require a definite 'yes' or 'No' response.

1. Full Name and title of Proposer:

Physical and Postal Address:

Business/ Profession /Occupation Age:

Period of Insurance: From To:

Telephone number..... E-mail Address.....

2. PARTICULARS OF VEHICLE(S) TO BE INSURED (Please attach copy registration books)

	RISK 1	RISK 2
Make & type of vehicle.		
Motive power.		
Treasury rating horse power.		
Year of make/ manufacture.		
Chassis number.		
Engine number.		
Registered letters and number.		
Full weight of load vehicle is constructed to carry.		
Proposer's estimate of present value including accessories.	TSh	TSh

3. (a) Will the vehicle(s) be driven solely by you? (a) YES NO If 'No' state.....

(b) Have any of your drivers had less than 3 years experience? (b) YES NO

(c) Are all your drivers fully licensed and qualified? (c) YES NO

(d) Are all your drivers in order and free from traffic endorsements? (d) YES NO

4. Do you, or does any other person who to your knowledge will drive, suffer from defective vision or hearing or from any physical infirmity? YES NO

If 'YES', please state full particulars

5. Have you, or has any other person who to your knowledge will drive, been convicted during the past five years of any offence in connection with any Motor Vehicle? If so, please give date(s), nature of offence(s), amount(s) of fine(s). YES NO

6. Tick on the type of motor insurance cover you wish to insure for.

Comprehensive Policy Third Party Only Policy Third Party Fire and Theft Policy? "Act" Policy

7. Are you the legal owner of the vehicle(s) and is it/are they registered in your name? YES NO

Please state any Loan or Hire Purchase interest:

8. Do you desire any of the Additional Benefits included? YES NO
 If 'YES', state which benefits are required

9. (a) What are the purpose for which the vehicle(s) will be used? (a).....
 (b) Does the Proposer undertake cartage work for other parties? (b) YES NO
 (c) What is the general nature of the goods to be carried? (c.).....
 (d) Has any vehicle been altered or adapted to carry a load heavier than that stated in the makers published specification? (d) YES NO
 (e) What class of licence is held for each vehicle? (e).....
 (f) Will the vehicle(s) be used to carry goods for hire or reward? (f) YES NO
 (g) Will the vehicle be used at any time for the carriage of
 (i) Passengers (1) Farepaying? (i.) (1)
 (2) Non-Farepaying? (2)
 (ii) Explosives? (ii.)
 If 'YES', give particulars

10. Are you now or have you ever been insured in respect of the above or any other Motor Vehicle? YES NO
 If 'YES', please state name of Insurance Company or Underwriter.....

11. Are you entitled to a "No Claim Bonus" from your previous Insurers in respect of any of the vehicles described in this Proposal? YES NO
 If 'YES', please attach renewal notice or proof of 'no claims bonus/ discount'

12. Has any Company or Underwriters ever:
 (a) Declined your Proposal? (a) YES NO
 (b) Required you to carry the first portion of a loss in addition to the standard excess (b) YES NO
 (c) Required an increased premium or imposed special conditions? (c) YES NO
 (d) Refused to renew your Policy? (d) YES NO
 (e) Cancelled your Policy? (e) YES NO

13. (a) Have there been any accidents and/or losses during the past three years in connection with any Motor Vehicle owned or driven by you and/or by any other person who will regularly drive the vehicle(s)? YES NO
 (b) If 'YES', please give particulars on the Schedule below of such accident and losses

Year	Total Number of Motor Vehicles Owned by Proposer	Total Number of Accidents and Losses	Damage to Proposer's Vehicles (Amount)	Third Party Claims Amount	Others Amount

I / WE HEREBY DECLARE that the above Statement and Particulars are true and I/We undertake that the vehicle(s) to be insured shall not be driven by any person who to my/our knowledge has been refused any Motor Vehicle insurance or continuance thereof and I/We hereby agree that this Proposal shall be the basis of the contract between me/us and the Company, and I am/we are willing to accept a Policy subject to the terms, exceptions and conditions prescribed by the Company thereon.

DATE: _____ PROPOSER'S SIGNATURE _____

No liability is undertaken by Niko Insurance (Tanzania) Limited until this Proposal has been accepted by Niko Insurance (Tanzania) Limited and the premium paid, except as provided by any official Covering Note issued.

PLEASE NOTE PRIOR TO SUBMISSION of PROPOSAL FORMS TO INSURERS!!
 - A specimen copy of the policy form and other terms applicable to the risk 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.