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MOTOR INSURANCE PROPOSAL FORM

This is your Motor Proposal form or application for insurance. Please answer all questions and do not leave out any question in blank. The insurance covers will be determined based on the information that you will supply hereunder. If you have any queries or are in doubt, ask the underwriter for clarification.

- Name of Proposer (in full) _____
- Address-Town _____ Sub-city _____ Woreda _____ H.No. _____
- Business or Occupation _____ Tel. No. _____ Fax No. _____ P.O.Box _____

4. PARTICULARS OF MOTOR VEHICLE TO BE INSURED

Plate No	Chassis No	Engine No	Make of Vehicle	Type of Body	H.P or C.C	Year of Manufacture	Carrying Capacity		Proposer's present estimate of value
							Goods	passengers including the driver	

5. Please state type of cover required:
 (a) Own Damage (b) Third Party only (c) Third party, Fire and Theft

6. Is cover required for Radios, Tape recorders and Record Players fitted into the Vehicle(s)? If so state Make and Value _____
 Value: Birr _____

7. (a) Is (are) the vehicle(s) in a good state of repair?
 (b) Where is (are) the vehicle(s) usually left overnight?
 i) in a garage?
 ii) in the open but on your premises?
 iii) elsewhere

8. (a) Is (are) the vehicle (s) your sole and absolute property? If not state name and address of owner.
 (b) If acquired under a Hire Purchase Agreement, State name and address of the party financially interested

9. Will the vehicle(s) be used solely for private purposes as described below? If not please state other uses. The term "Private Purposes" means social, domestic, pleasure, professional purposes or business calls of the Insured. The term "Private Purposes" does not include use for hiring, racing, pace making, speed testing, the carriage of goods in connection with any trade or business or use for any purpose in connection with the Motor Trade

10. (a) Are you or will you employ any driver under the age of 21?
 (b) Do you or any driver of the vehicle (s) have had less than twelve (12) months driving experience?

6. _____
 Value: Birr _____

7. (a) _____
 (b) _____
 i) _____
 ii) _____
 iii) _____

8. (a) _____
 (b) _____

9. i. private Purposes
 ii. Carrying Own goods
 iii. public passenger transport
 iv. general cartage
 v. any other (specify) _____

10. (a) Yes No
 (b) Yes No

11. (a) How long have (i) you and (ii) any other person who will regularly drive, been driving?
 (b) Have (i) you and (ii) your driver been driving regularly for the past four years? Please state driver's license and place of issue
12. Do you or any other person, who to your knowledge will drive, suffer from any physical infirmity or any other health problem affecting your driving capabilities, including defective vision or hearing? If so, give particulars.
13. Have you or any other person, who to your knowledge will drive, been convicted of any offence in connection with the driving of any motor vehicle? If so, give particulars.
14. Are you now or have you been insured in respect of any motor vehicle? If so, please state name of Company.
15. Has any company ever:
 (a) declined your proposal?
 (b) refused to renew your policy?
 (c) canceled your policy?
 (d) required an increase of premium?
 (e) required you to carry the first portion of any loss?
 (f) imposed special conditions?
16. State any accidents that have occurred during the past three years in connection with vehicles owned or driven by you or your driver. If none state "NONE"
17. Are you entitled to a "No Claim Bonus" in respect of any of the vehicles described in this proposal? If so, please produce certificate.
18. (a) Do you wish to insure for personal Accident Benefits?
 If Yes state amount to be insured and number of seats.
19. (a) If vehicle is used for carriage of goods,
 (i) what is its/their general nature?
 (ii) Do you undertake carriage of own goods only or for other purpose?
 (iii) Has the vehicle been altered or adopted to carry a load heavier than the one stated in the maker's specification?
 (b) If vehicle is used for carrying "passengers"
 (i) Are passengers carried for hire or reward?
 (ii) Are the vehicles used for Employees?
 (iii) Do you wish to insure your liability for carriage of a fare paying passengers?
20. Do you wish to insure your vehicle against the risk of Bandits, Shiftas and Guerrillas (BSG) action?
21. Please state date you require for the risk to commence.

11. (a) (i) _____
 (ii) _____
 (b) (i) Yes No
 (ii) If yes, please state _____
12. Yes No

13. Yes No

14. _____
15.
 (a) Yes No If yes, give particulars _____
 (b) Yes No If yes, give particulars _____
 (c) Yes No If yes, give particulars _____
 (d) Yes No If yes, give particulars _____
 (e) Yes No If yes, give particulars _____
 (f) Yes No If yes, give particulars _____
16.

Damage to own vehicle	Claims Third Party	
	Bodily Injury	Property damage
17. _____
18. (a) Yes No
 Amount in Birr _____ for _____ seats
19. (a)
 (i) _____
 (ii) _____
 (iii) _____
- (b)
 (i) _____
 (ii) _____
 (iii) _____
20. Yes No
21. From _____ to _____
 (both dates inclusive)

DECLARATION : I the undersigned declare that the vehicles (s) described is (are) in good condition and will continue to be maintained & I hereby warrant that the above statement and particulars are true and I hereby agree that the declaration shall be deemed to be of a promissory nature and effect and the basis of the contract between me and the company and that I have not withheld any important information which should be communicated to the Company and that I am willing to accept a policy subject to the terms conditions and exceptions therein and to pay the premium agreed upon.

Date _____
 Agent/Broker _____
 Proposer's Signature _____
 Underwriter's Decision _____