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ABAY INSURANCE COMPANY S.C.

MOTOR INSURANCE PROPOSAL FORM

Proposer's Name											
Address: Town ----- Woreda ----- Kebele----- H/N. ----- Tel. ----- P.O.Box-----											
Trade/Occupation											
PARTICULARS OF MOTOR VEHICLE(S) TO BE INSURED											
Plate No	Chassis No	Engine No	make of vehicle	Type of body	Horse power or C.C.	Year of make	Carrying Capacity		Year of purchase	Purchased Price	Proposers present estimate
							Goods	Passengers with driver			

1. Please state type of cover required by putting X in the space provided.

(a) Comprehensive
☐

(b) Third party only
☐

(c) Third party, fire and theft
☐

(d) BSG
☐
 2. Excess for own damage 2. -----
 3. Is cover required for Radios, tape recorders and Record players
Fitted to the vehicle (s)? 3. -----
If your answer to (3) above is YES, Please state

(a) Make

(a) -----

(b) Value Birr

(b) -----
 4. (a) Is (Are) the vehicle(s) in a good state of repair? 4.(a) -----
 (b) Is (Are) the vehicle(s) usually left overnight

i) In a garage?

b (i) -----

ii) In the open but on your premises?

(ii) -----

iii) Elsewhere?

(iii) -----
 5. (a) Is (Are) the vehicle (s) your sole and absolute property? If not state name
And address of owner 5.(a) -----
 (b) If acquired under a Hire Purchase Agreement, state the name and address
Of company financially interested (b) -----
 6. Will the vehicle(s) be used solely for private purposes as described below? 6. -----
 If not, please state other uses
- Private purposes: 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 Motor trade
7. (a) Do you or will you employ any driver under the age of 21? 7.(a) -----
 (b) Do you or any driver of the vehicle(S) have had less than six month's experience? (b) -----

8. (a) How long have (I) you and (ii) any other person who will regularly Drive, been driving? 8.(a)(i) -----
(ii) -----
(b) Have (i) you and (ii) your deriver been driving regular for the past two years? Please state driver's license and place of issue? (b) -----
9. Do you or any other person, who to your knowledge will drive suffer From any physical infirmity or from defective vision or hearing? 9. -----
10. 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 10. -----
11. Are you now or have you been insured in respect of an+y motor vehicle? If so, please state name of the insurer. 11. -----
12. Has any company ever
(a) Declined your proposal? 12.(a) -----
(b) Refused to renew your policy? (b) -----
(c) Cancelled your policy? (c) -----
(d) Required an increase of premium? (d) -----
(e) Required you to carry the first portion of any loss? (d) -----
(f) Imposed special conditions? (f) -----
13. State what accidents have occurred during the past two Years in connection with vehicles owned or driven By you or your driver, If none, state "NONE".

Damage to Vehicles		Claims by Third Parties			
		Personal injury		Property damage	
No.	Amount	No.	Amount	No.	Amount

14. Are you entitled to a No Claim Bonus in respect of any of the Vehicles Described in this proposal? If so, please produce Certificate 14. -----
15. (a) Do you wish to insure for personal accident Benefit? 15.(a) -----
(b) have you held a personal Accident Insurance with any other insurer? (b) -----
If so, please state name of the insurer.
16. Do you wish to insure your paid driver and his assistant? 16. -----
N.B. It is recommended that the proposer cover his/their liability at law -----
As this cover may not be adequate.
17. Are passengers to be insured against personal accident? 17. -----
18. (a) If the vehicle(s) to be insured is (are) used for carrying of goods: 18.a)
(i) do you undertake carriage for own goods or for other persons? (i) -----
(ii) state grade of license required (ii) -----
(iii) has/have the vehicle(s) been altered or adapted to carry a load Heavier than the stated in the owner's booklet? (iii) -----
- (b) If the vehicle(s) to be insured is(are) used for carrying passengers: b)
(i) are passengers carried for hire or reward? (i) -----
(ii) is/are the vehicle(s) used for public services? (ii) -----
(iii) state grade of license required (iii) -----
19. Please state the date you require for the risk to commence.

From ----- to ----- (Both dates inclusive)

DECLARATION: I the undersigned declare that the vehicle(s) described is(are) in good condition and will continue to be so maintained and I hereby warrant that the above statements and particulars are true and I here by 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 term conditions and exceptions therein and to pay the premium agreed upon.

Date -----

Signature of proposer -----