



MAYFAIR INSURANCE COMPANY TANZANIA LIMITED

2nd Floor, TAN-RE House, Plot No.406, Longido Street, Upanga, Dar Es Salaam, Tanzania.

P.O.Box 38353, Tel: +255 22 2922337/338, Fax +255 22 2922339.

Email: info@mayfair.co.tz

COMMERCIAL VEHICLE INSURANCE PROPOSAL FORM

N.B. All questions must be answered in full. Dashes are not acceptable. Please use BLOCK letters or tick as applicable.

Name of Agent/Broker _____

PARTICULARS OF THE PROPOSER

Name of the proposer (in full) _____

Postal Address P.O. Box _____ Town _____

Telephone _____

Profession or Occupation (Nature of business) _____

Period of Insurance: From _____ To _____

PIN Number (Attach copy of certificate) _____

PARTICULARS OF VEHICLE

Registered Mark	Chassis No. & Engine No.	Make and Type of Body	Engine Capacity In Cubic Tonnes	Year of Manufacture	Colour of Vehicle/Is it metallic	Carrying Capacity passenger limit	Proposer's estimate of present market value including Accessories

PARTICULARS OF COVER

1. Tick the type of cover required:

Comprehensive

Third Party Fire and Theft

Third Party Only

Note: For Comprehensive and Third Party Fire and Theft, the basis of settlement is the 'market value'. This should be taken in to account when deciding the sum insured.

2. Windscreen and window glass:

Do you want additional cover if breakage occurs but no other damage is sustained by your vehicle?

YES

NO

If YES, state the limit of cover required TShs. _____

Note: Claims will be accepted up to the limit stated without loss of 'No Claim Discount' or deduction of excess.

3. Has the vehicle(s) been fitted with approved anti-theft devices?

YES

NO

If YES, attach certificate of fitting

4. Are you now or have you previously been insured in respect of any motor vehicle(s)?

YES

NO

If YES, state name of company or underwriter(s) _____

5. Is/Are the vehicle(s) your sole and absolute property? YES NO
If NO, state name and address of owner(s) _____

6. (i) Date of purchase of vehicle(s) _____
(ii) Were the vehicles bought brand new or second hand? _____
(iii) Price paid per vehicle Tshs. _____

7. (i) Are you entitled to a No Claim Discount? YES NO
(ii) If YES, for how many years up, to date, have you previously been insured continuously without claim and with which companies? _____

Note: To qualify for Discount submit renewal invitation or N.C.B letter from your previous insurer

8. Do you or does any other person who to your knowledge will drive, suffers from defective vision or hearing from any physical infirmity? YES NO
If YES, give details: _____

9. Have you or has any other person who to your knowledge will drive, been convicted during the last five years of any offense in connection with any motor vehicle or is any prosecuting pending? YES NO
If yes, please give details _____

10. as any Insurance Company either in respect of you or your partners ever:-
(i) Declined your or their proposals? YES NO
(ii) Required you or them to bear the first portion of any loss or imposed other special conditions? YES NO
(ii) Refused to renew or cancelled your or their policy? YES NO
(iii) Required an increased premium? YES NO
If the answer to any of the above questions is YES, give details:

11. Give records of accidents and/or losses during the past three years in connection with any motor vehicle owned or driven by you, your partners or employees whether insured or uninsured including any claim outstanding: _____

12. State fully the purpose for which the vehicle(s) will be used: _____

13. Do you undertake cartage for other persons? YES NO
 If YES, give details _____

14. (a) Will a Trailer be attached to the vehicle(s)? YES NO
 (b) If YES, how many? What is the value of each? _____

15. If vehicle(s) is used for carrying passengers, are the passengers carried for hire or reward? YES NO
 YES, please give details: _____

EXTENSIONS TO THE POLICY

Note: The following extensions are available on payment of additional premium

- Do you require over for personal accident to passengers? YES NO
 If YES, how many passengers? _____
- Do you require an increased Third Party Property Damage cover? YES NO
 If YES, what is the amount required? _____
- Do you require an increased medical expenses cover? YES NO
 If YES, what is the amount required? _____
- Do you require an increased towing expenses Cover? YES NO
 If YES, what is the amount required? _____
- Do you require Special Perils Cover Extension? YES NO
- Do you require Strike and Riots Cover Extension? YES NO

DECLARATION

I/We desire to insure with the Mayfair Insurance Company Tanzania Limited, the motor vehicle(s) described in the above and I/We hereby warrant that the above statements and particulars are true, and I/We have not suppressed, misrepresented or misstated any material fact and I/We agree that the declarations shall be the basis of the contract between Me/Us and the Company.

I/We further agree that if this proposal in any particular is filled by any other person, such person shall be deemed My/Our agent and not the agent of the company. I/We further declare that I/We have read and understood all particulars entered herein and I/We have signed this after verifying the same to be true and complete in all respects.

Date of Proposal _____ Signature and Stamp of proposer _____

THE LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED AND THE PREMIUM HAS BEEN PAID

FOR OFFICIAL USE ONLY

Authorise Person(s) signature _____ Date _____