

The Heritage Insurance Company Tanzania Limited Oyster Bay Office Complex | 368 Msasani Road | Oyster Bay

P.O BOX 7390 Dar Es Salaam Tanzania (t) 255 22 266 4204/4209 (f) 254 22 266 210

Website: www.heritagetanzania.com

https://www.facebook.com/heritagetanzania/

		Р	ROPOSA	L FORM	FOR COM	MERC 1	IAL VEH	ICLE I	NSURAN	CE	
AG	ENT / BRO	OKER		ACC	OUNT NO.			POLIC	y number	}	
SEC	^TION 1 - I	PERSONAL DI	TAII S								
a.		ne of Propos									
b.	Contact	·	(tel):				()	fax):			
		(m	obile):					veb):			
		(6	mail):								
		(p	oostal):			(code):		(tov	vn/ city):		
C	Tin Numb	er:									
SE	CTION 2 -	PROPOSAL D	ETAILS								
i.	Period (Of Insurance	: (From):				(To):				
ii.	Nature 8	& Nature of B	usiness								
iii.	Address	of Business ,	/ Occupati	ion							
All	questions r	nust be answe	red fully Tic	ks or Dashes	are not suffi	cient.	1				
	gistration ters and	Make of vehicle	Capacity Manufacture Capacity Maximum and date of purchase Incl. carrying		Proposer's Estir val						
Nu	mber					Incl. Driver	carrying capacity of	Price	Date	Vehicle &	Trailers
							vehicle			Accessories	(if any)
		I		I	I	I			I.		
DI	ENCE NTT	ACH A COP	V OE THE	LOG-ROO	V E∩D E∧(`U \/EUI	CLE				
ГL 1.		mum numbe									
	(b) Make	er's maximur	n carrying	capacity of	each traile	r	:				
2.	(a) State	the owner o	f the moto	or vehicle aı	nd in whose	e name it	t is register	ed:			
	(b) Is a Hire-purchase company interested in the vehicle? If "Yes" give Name and Address Yes No						No				
ii les give Naille alla Aduless											
3. Give full particulars of all purposes for which Vehicle will be used							No				

4.	(a) If used for Carriage of goods, what is their general nature?		
	(b) Do you undertake cartage for other persons?	Yes	No
	(c) Has the vehicle been altered or adapted to carry a load heavier than that stated in the Maker's published Specification? If "Yes", provide details :	Yes	No
5.	If any Passengers Carried : (a) Are the passengers carried for hire or reward?		
	(b) Are the Vehicles used for Public Service? If "Yes" State class of licence		
	(c) Are passengers carried incidental to a contract for the conveyance of goods or marchandise?		
6.	(a) If more than one vehicle to be insured, how many are garaged in the same building?		
0.	(b) State where usually garaged		
7.	Do you, or does any other person who to your knowledge will drive, suffer from defective vision or hearing or from any physical infirmity or fits of any kind?	Yes	No
8.	Have you or has any person who to your knowledge will drive, been convicted during the past (5) years of any offence in connection with any motor vehicle or is any prosecution or Police enquiry pending ? If "Yes" give details :	Yes	No
9.	Will the vehicle be used for Aircraft or Airport service along runways taxiways or any	□ Yes	□ No
5	municipal airport? If yes give details :	Піє	No
10.	(a) Total number of motor Vehicles owned by Proposer?		
	(b) Total number of employees licensed to drive (c) Are the vehicles in a perfect state of repair? Yes No		
	(d) Are your vehicles periodically overhauled and tested?		
11.	Are you now or have you been insured in respect of any Motor vehicle? If "Yes", state name of Company or Underwriter:	Yes	No
12.	Has any Company or Underwriter ever:- (a) Declined your Proposal? (b) Required an increased premium or imposed special conditions? (c) Cancelled or not invited renewal of your policy? If "Yes" in any of the above, provide details:		

	or motor car	or cycle owned	d or driven by	you:-						
	Past 3 Years	Total No. of motor vehicles and/or cycles owned by Proposer	Total No. of Accidents and Losses			Damage to :				
				Proposerís veh and/or cycles		Third Party vehicle and/or cycles	Others			
14.	the vehicles	tled to a "No Cl described in th attach last Ren	is proposal?	•		ous Insurers in	respect of any	of Yes No		
15.	Give details	of Car Anti-The	ft Device fitted							
	PARTICU	PARTICULARS OF INSURANCE REQUIRED								
	Select policy required					(* Official Use)				
	(a) Comprehensive Policy									
	(b) Third Pa	rty Fire and Theft pol	icy							
	(c) Third Pa	rty Policy					_			
	COMPULSORY I	EXCESS:	Total Premi	ium						
I/W Dec Tai kno	laration shall nzania Limite wledge has b	be held to be ped. I/We undert been refused an	oromissory and take that the vo y Motor Vehic	d the basis of the basis of the lnsurance	of the be in: e or c	contract betwe	een me/us and be driven by a reof.	agree that this Proposal and The Heritage Insurance Com-par ny person who to my/our s per Policy.		
No I	poser's Signa iability (excep the premium	t for the period s	tated in the Insu					roposal is accepted by the Insurer		

13. Give particulars of accidents or losses in connection with this or any other motor vehicle