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(አ.ማ)

NATIONAL INSURANCE CO.OF ETHIOPIA  
(S.C)

☎011-466 1129/011-465 2535 ☎ 251-11-465 0660 ✉12645  
E-mail:nice@ethionet.et

**MOTOR INSURANCE PROPOSAL FORM**

1. Name of proposer (in full) \_\_\_\_\_
2. Address:- Tel No \_\_\_\_\_ P.O. Box \_\_\_\_\_
3. Business or Occupation \_\_\_\_\_
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 Manufac ture	Carrying Capacity		Year of purchase	Purcha sed price	Proposer's present estimate of value
							Goods	Passengers including drivers			

5. Please state types of cover required by putting an (x) in the space provided

(a) Comprehensive

(b) Third party only

(c) Third Party. Fir  
and Thefit

6. Is cover required for Readies. Tape recorders and Record players fitted to the Vehicle(s)? If so state Make and Value

6. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. (a) is (are) the vehicles (s) in a good stat of repair?  
(b) is (are) the vehicles (s) usually left overnight?

7(a) -----  
(b) -----

- i) in a garage ?
- ii) in the open but on your premises?
- iii)elsewhere?

i)-----  
ii) -----  
iii)-----

8. (a) is (are) the vehicles(s) your sole and absolute property? If not state name and address of owner

8(a)-----  
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(b) If acquired under a Hire purchase Agreement, State name and address of Company financially interested

(b) -----  
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9. Will the Vehicles (s) be used solely for private purposes as described bellow? If not please state other uses

9) -----  
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Private Purposes: The term "private Purpose" means social domestic, pleasure, professional purposes or business calls of the insured. The term" private Purposes" does not include use for hiring, reaching, pace making, speed testing, the carriage of goods in connection with any trade or business or use for any purposed in connection with the Motor trade.

10. (a) Are you or will you employ any driver under the age of 21?

10.(a) -----  
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(b) Do you or any driver of the vehicles (s) have had less than six(6) months driving experience?

(b) -----  
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11. (a) How long have (i) you and (ii) any other person who will regularly drive been driving?

11.(a)(i)-----  
(ii) -----

(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.

(b)(i) -----  
-----  
(ii) -----  
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12. Do you or any other person who to your knowledge will drive suffer from any physical infirmity or from defective vision or hearing?

12. -----  
-----  
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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

13.. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Are you now or have you been insured in respect of any motor vehicle? If so please state name of Company

14. -----  
-----

15. Has any Company ever:

- (a) Decline your proposal?
- (b) Refused to renew your policy?
- (c) Cancelled your policy?
- (d) Required an increase of premium?
- (e) Required you to carry the first portion of any loss?
- (f) Imposed special conditions?

15.(a) -----  
(b) -----  
(c) -----  
(d) -----  
(e) -----  
(f) -----

16. State what accidents have occurred during the past three years in connection with vehicles owned or driven by you or your drive. If none state "NONE"

Damage to Vehicle	Claims by Third Parties	
	Personal	Property Damages

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.

17. -----  
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18. (a) Do you wish to insure for personal Accident Benefits?

18(a) -----

(b) Have you held a personal Accident Insurance with any other company if so, which company?

(b) -----  
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19. Do you wish to insure your paid Drive and his Assistant?

19 -----

N.B. It is recommended that the proposed cover his/her liability at law as this cover may not be adequate

20. Are passengers to be insured against personal Accident?

20. -----  
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The following questions must be answered if the vehicles (s) to be insured is (are ):-

<p>21. (a) used for carriage of goods</p> <p>(i) What is its (their) general nature?</p> <p>(ii) Do you undertake carriage for own goods or for other persons</p> <p>(iii) State grade of license required</p> <p>(iv) Has the vehicle been altered or adopted to carry a load heavier than the stated in the maker's specification?</p> <p>(b) Used for carrying passengers.</p> <p>(i) Are passengers carried for hire or reward?</p> <p>(ii) Are the vehicles used for public services?</p> <p>(iii) State grade of license required</p> <p>(iv) Do you wish to insure your liability for carriage of no fare paying passengers?</p> <p>22. Please state the date you require for the risk to commence</p>	<p>21.(a)(i) -----</p> <p>(ii) -----</p> <p>(iii) -----</p> <p>(iv) -----</p> <p>-----</p> <p>(b)(i) -----</p> <p>(ii) -----</p> <p>(iii)-----</p> <p>(iv) -----</p> <p>-----</p> <p>22. FROM -----</p> <p>To -----</p> <p>(both dates inclusive)</p>
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**DECLARATION:-** I the undersigned declare that the vehicle (s) described is (are) in good condition and will continue to be maintained and I heroby warrant that the above statement and particular 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 ----- Signature of proposer-----