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## BUNNA INSURANCE S.C

### MOTOR INSURANCE PROPOSAL FORM

“This is your motor Proposal form or application for insurance. Please answer all questions and do not leave any question in blank. The insurance cover 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.”

1. Name of Proposer (in full): \_\_\_\_\_
2. Address: Town \_\_\_\_\_ Sub city \_\_\_\_\_ Woreda \_\_\_\_\_ Kebele \_\_\_\_\_ H.No. \_\_\_\_\_
3. Business or Occupation \_\_\_\_\_ Tel. No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
P.O.Box \_\_\_\_\_ E-Mail \_\_\_\_\_
4. Particulars of Motor Vehicle to be Insured

Plate No.	Chassis No.	Engine No.	Make& Type of Vehicle	H.P or C.C	Year of Manufacture	Carrying Capacity		Proposer's Present Estimate of value
						Goods	Passengers including drivers	

#### 5. Please state type of cover required:

- (a) Comprehensive ☐ (b) Third party, Fire and Theft ☐ (c) Own Damage only ☐ (d) Third Party only ☐

<p>6. Is cover required for Radios, Tape recorders and Record Players fitted into the Vehicle(s)? If so state Make and Value</p> <p>7. (a) Is (are) the vehicle(s) in good state of repair? (b) Where is (are) the vehicle(s) usually left overnight? (i) in garages? (ii) in the open but on your premises? (iii) elsewhere?</p> <p>8. (a) Is (are) 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.</p> <p>9. Will the vehicle(s) be used solely for private purposes as described below? 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 the Motor Trade.</p> <p>10. (a) Are you or will you employ any driver under the age 21? (b) Do you or any driver of the vehicle(s) have had less than Twelve (12) months driving experience?</p> <p>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.</p>	<p>6. _____</p> <p>7. (a) _____ (b) _____ (i) _____ (ii) _____ (iii) _____</p> <p>8. (a) _____ (b) _____</p> <p>9. i. Private Purposes <input type="checkbox"/> ii. Carrying own goods <input type="checkbox"/> iii. Public passenger transport <input type="checkbox"/> iv. General cartage <input type="checkbox"/> v. Any other (specify) _____</p> <p>10. (a) _____ (b) _____</p> <p>11. (a) (i) _____ (ii) _____ (b) (i) _____ (ii) _____</p>
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<p>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?</p> <p>13. Have you or any other person, who do to your knowledge will drive, been convicted of any offence in connection with the driving of any motor vehicle? If so, give particulars.</p> <p>14. Are you now or have been insured in respect of any motor vehicle? If so, please state name of Company.</p> <p>15. Has any Company ever:</p> <p style="margin-left: 20px;">(a) declined your proposal?</p> <p style="margin-left: 20px;">(b) refused to renew your policy?</p> <p style="margin-left: 20px;">(c) cancelled your policy?</p> <p style="margin-left: 20px;">(d) required an increase of premium?</p> <p style="margin-left: 20px;">(e) required you to carry the first portion of any loss?</p> <p style="margin-left: 20px;">(f) imposed special conditions?</p> <p>16. State what 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"</p>  <p>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.</p> <p>18. Do you wish to insure for Personal Accident Benefits? state amount to be insured and number of seats.</p> <p>19. (a) If vehicle is used for carriage of goods,</p> <p style="margin-left: 40px;">(i) What is its/their general nature?</p> <p style="margin-left: 40px;">(ii) Do you undertake carriage for Own Goods only or for other purpose?</p> <p style="margin-left: 40px;">(iii) Has the vehicle been altered or adopted to carry a load heavier than the stated in the maker's prescription?</p> <p style="margin-left: 20px;">(b) If Vehicle is used for carrying passengers</p> <p style="margin-left: 40px;">(i) Are passengers carried for hire or reward?</p> <p style="margin-left: 40px;">(ii) Are the vehicles used for Employees?</p> <p style="margin-left: 40px;">(iii) Do you wish to insure your liability for carriage of a fare paying passengers?</p> <p>20. Do you wish to insure your vehicle against the risk of Bandit, Shifta and Guerrilla (BSG) action?</p> <p>21. Please state the date you require for the risk to commence.</p>	<p>12. _____</p> <p>13. _____</p> <p>14. _____</p> <p>15. _____</p> <p style="margin-left: 20px;">(a) _____</p> <p style="margin-left: 20px;">(b) _____</p> <p style="margin-left: 20px;">(c) _____</p> <p style="margin-left: 20px;">(d) _____</p> <p style="margin-left: 20px;">(e) _____</p> <p style="margin-left: 20px;">(f) _____</p> <p>16.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <tr> <th rowspan="2" style="padding: 5px;">Damage to vehicle</th> <th colspan="2" style="padding: 5px;">Claim by Third party</th> </tr> <tr> <th style="padding: 5px;">Personal Injury</th> <th style="padding: 5px;">Property Damage</th> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td></td> </tr> </table> <p>17. _____</p> <p>18. _____</p> <p>19. (a) (i) _____</p> <p style="margin-left: 60px;">(ii) _____</p> <p style="margin-left: 60px;">(iii) _____</p> <p style="margin-left: 20px;">(b) (i) _____</p> <p style="margin-left: 60px;">(ii) _____</p> <p style="margin-left: 60px;">(iii) _____</p> <p>20. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>21. From _____ to _____ (both dates inclusive)</p>	Damage to vehicle	Claim by Third party		Personal Injury	Property Damage			
Damage to vehicle	Claim by Third party								
	Personal Injury	Property Damage							

**DECLARATION:** I the undersigned declare that the vehicle (s) described (is/are) in good condition and will continue to be maintained and I hereby warrant that the above statement and particulars are true and I hereby agree that 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** \_\_\_\_\_

**Proposer's Signature** \_\_\_\_\_

**Producer** \_\_\_\_\_

**Underwriter's Decision** \_\_\_\_\_