

**CredSure Insurance Limited**

**Phone: (+263) 242 738945-47**

**PRIVATE MOTOR POLICY PROPOSAL FORM**

# Important Note

Take care to complete this form fully and correctly. Failure to disclose a material fact (any fact likely to influence the company’s acceptance and assessment of this proposal) will render the insurance void. If you are in doubt of the facts which might be considered material, you should disclose them. The liability of the company does not commence until Credsure has accepted this proposal and the premium paid, except as any Office Certificate issued on behalf of the company.

GENERAL INFORMATION OF THE PROPOSER

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SURNAME  (Mr/Mrs/Ms/Mrs/Dr/Prof.) |  |  | | FORENAME(S) | |  | | |
| Postal Address |  |  | | | | E-Mail Address |  | |
| Residential Address |  |  | | | |  | | |
| Occupation |  |  | Date Of Birth | | |  | | |
| Phone Number | Home |  | Business | |  | Mobile Phone Number | |  |
| Period Of Cover : | From |  | To | |  | Renewable: Annually/Biannually/Quarterly | | |

DETAILS OF THE VEHICLE(S) TO BE INSURED

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Make & Model | Type Of Body | Registration  Number | Year Of Make | Engine Number | Chassis Number | Sum Insured (US$) | Cover\* |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |

\*Cover Options: Comp. –Comprehensive, FTPF&T- Full Third Party Fire & Theft, FTP- Full Third Party Only

Details of Audio Equipment fitted: Make/Model\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year Purchased:\_\_\_\_\_\_\_ Serial Numbers:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Increased Third Party Property Damage Limit required: US$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DRIVER INFORMATION (Detail All Drivers including the Registered Owners if he/she will drive the above vehicle(s))

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Full Name | Sex | Date Of Birth  (DD/MM/YY) | Details of Drivers License | | | Driving Experience  (Give Details of losses incurred) | Costs  (if any) |
| Number | Date of Issue | Classes  Applicable |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

1. Have any of the above listed drivers:

|  |  |  |  |
| --- | --- | --- | --- |
|  | No  No  No  No  No |  | Yes  Yes  Yes  Yes  Yes |
|  |  |
|  |  |
|  |  |
|  |  |

 (Tick Applicable) Provide details if “YES”



* 1. been involved in an accident, loss or claim in the past 3 years or license suspended?
  2. been declined motor insurance, had a motor policy cancelled or extra terms imposed for any reason?
  3. is suffering from any physical, defective vision or hearing or mental infirmity that may affect his/her ability to drive?
  4. any conviction for careless, reckless driving, driving under influence of alcohol in the past 2 years?

1. Will the car be driven frequently by a driver who is under the age of 30 years and/or less than 5 years driving experience?
2. Usage of the vehicle (tick appropriate)

|  |  |  |
| --- | --- | --- |
|  | b) used in own business? |  |

a) solely for social, domestic and pleasure purposes including to and from permanent place of business?

4. Previous Insurance Company Policy Number



I/we agree that this proposal shall be the basis of the contract between me/us and Credsure Insurance Company. I/we declare that the statements made in this proposal are true and correct to the best of my/our knowledge and belief and I/we agree to accept and abide by the Credsure Insurance Company’s form of policy for the risks now proposed.



**Innovative Insurance Solutions**