



**VERITAS GENERAL INSURANCE PLC**  
**HEAD OFFICE**  
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**P O Box 31965, Lusaka, Zambia**  
**Tel. +260 211 266307 Fax +260 211 266366**

**MOTOR INSURANCE PROPOSAL FORM FOR PRIVATE CARS**

**IMPORTANT**

This proposal form is the basis of a legal contract and absolute truth and accuracy in answering the questions is essential. Before signing the SPECIAL declaration ensure that ALL questions are answered correctly. Failure to comply may result in the cancellation of cover and/or the repudiation of any claim. If answers are completed by an agent the proposer must sign and answers will be deemed to be the proposer's answers. Any other person signing will be deemed to have signed as the agent of the proposer with the knowledge and consent of the proposer.

Note: Please give a definite answer to each question. Ticks or dashes are not acceptable.

<b>INSURED</b>	Name:						
	Date of Birth:	Month:	Year:	Physical Address:			
	Postal Address:						
	E-mail Address:			Telephone Number/s:			
	Occupation, Business or Profession:						
<b>VEHICLE DETAILS</b>	Make and Model	Chassis No.	Engine No.	CC	Year of Manufacture	Reg No.	Value

	<p>Is the value of the car based on duty free?..... Yes/No</p> <p>If yes, what is its market value?..... Yes/No</p> <p>Is the vehicle usually kept in a located up garage overnight?..... Yes/No</p> <p>If no, state where kept and residential address..... Yes/No</p> <p>Has the car been modified or altered from the markets standard specification including any Adaption for reliability?.....Yes/No</p> <p>If yes give details..... Yes/No</p> <p>Has the vehicle been fitted with an electronic alarm/immobilizer? If yes, Please give name of system and installer..... Yes/No</p>																																	
<b>OWNER</b>	<p>Are you the owner of the Car?..... Yes/No</p> <p>If not in whose name is it registered?..... Yes/No</p> <p>Is the car on hire purchase or loan?..... Yes/No</p> <p>If yes state the name of the company/ Lender..... Yes/No</p>																																	
<b>COVER</b>	<p>indicate insurance required (please tick the appropriate box)</p> <p>comprehensive <input type="checkbox"/> Third party Fire and Theft <input type="checkbox"/> rd party only <input type="checkbox"/></p> <p>If cover is comprehensive do you wish to pay the first portion of damage to your vehicle in return for a discount on your premium?..... Yes/No</p> <p>If yes indicate the amount in K.....</p> <p>NOTE: This amount is in addition to the standard policy term requiring the policyholder to the first portion of any claim.</p>																																	
<b>USE</b>	<p>Indicate the use required ticking the appropriate box below</p> <p>(i) Use for social, domestic and pleasure and use by you in connection with your business <input type="checkbox"/></p> <p>(ii) Use for social, domestic, pleasure purpose and use for business purposes by any person other than yourself <input type="checkbox"/></p> <p>If (ii) give details.....</p>																																	
<b>DRIVERS</b>	<p>Give the following information about any person who may drive including yourself</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Full Name</th> <th rowspan="2">Full details of Occupation(s)</th> <th rowspan="2">Age</th> <th colspan="3">Type of driving license held</th> </tr> <tr> <th>License No.</th> <th>Date issued</th> <th>Provision/ Full</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Full Name	Full details of Occupation(s)	Age	Type of driving license held			License No.	Date issued	Provision/ Full																								
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State the name of the person who will be the main user.....  
 Have you or has any other person who to your knowledge will drive.....

(a) During the past years (including current year) been subject to disqualification or been convicted during that period of any offence in connection with any motor vehicle or is any prosecution pending?  
 .....

(b) Suffer from  
 (i) Diabetes, epilepsy or heart condition?  
 (ii) Any other disease or physical infirmity which could impair the ability to drive?.....

If yes to either (i) or (ii) above please give full details.....

**PREVIUOUS INSURANCE DETAILS**

Have you ever been insured in respect of the above motor vehicle?.....Yes/No  
 If yes, state the name of the company.....  
 Are you now insured in respect of the above motor vehicle?..... Yes/No  
 Has any insurance company ever  
 a) Declined your proposal for insurance..... Yes/No  
 b) Required you to carry the first portion of any loss?.....Yes/No  
 c) Required an increased premium or increased special conditions?.....Yes/No  
 d) Refused to renew your policy?.....Yes/No  
 e) Cancelled your policy?..... Yes/No  
 If any of the above answers are the affirmative please give details.....  
 .....

**PREVIOUS**

Have there been any claims made by you in connection with motor vehicle owned or driven by you?  
 ..... Yes/No

If yes complete the schedule below.

Year	Total Number of		Cost of Damage to	
	Accident	Claims	Your Vehicle(s) ZMK	Others ZMK
Total				

Are you entitled to any no claim discount?.....

If yes attach documentary evidence.....

<b>ADDITIONAL BENEFITS</b>	Do you to take any of the following additional benefits? If yes please indicate the benefits and limit required.	
	(i) Increased Third Party injury/death	K.....
	(ii) Increased Third Party property damaged limit to	K.....
	(iii) Increased Third Party loss of use liability cover to	K.....

<b>SPARE PARTS AND ACCESSARIES</b>	NOTE: The policy only covers those items which are normally supplied with the vehicle at the time of sale by the authorized dealers as standard fitting for the respective vehicle in the market and does not include items bought and fitted by the owner at additional costs e.g. radio, tape, recorder, special windscreen etc  If cover is required for any optional items please state		
	Make and Model	Serial Numbers	Date Purchased
			Value (Including all ancillary parts)

<b>DECLARATION</b>	I/We hereby declare that the above statements and particulars are true and the vehicle(s) to be insured shall not be driven by any person who to my/our knowledge has been refused any motor vehicle insurance and I/We hereby agree that this proposal and declaration shall be the basis of the contract between me/us and the company and I am/ We are willing to accept a policy subject to the terms and conditions prescribed by the company therein  <p style="text-align: center;">.....</p> <p style="text-align: center;">Date <span style="margin-left: 200px;">Proposer's Signature</span></p>		
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NOTE: No liability is untaken by the company until proposal has been accepted by the company and the premium paid except as provided with official covering note issued by the company