

Statewide Insurance Company Ltd.



Head Office: Sure House
Plot 1 Bombo Road | P.O. Box 9393 Kampala
Tel: +256 414 345 996, +256 312 262 119
Email: swico@swico.co.ug, Website: www.swico.co.ug

MOTOR COMMERCIAL PROPOSAL FORM

GUIDELINES TO FILL THE FORM (Information given herein will be treated in strict confidence)

1. Please fill the form in BLOCK LETTERS and leave on box blank between two words.
2. Please answer all the questions completely. If a particular question is not applicable to you and/or your business please mark that question as not applicable "N/A".
3. Please attach extra sheets wherever the space is insufficient to provide the additional underwriting information. Put a (v) mark wherever applicable.
4. 'You/Your' wherever used in this proposal means the "Proposer" considered for this insurance.
5. Kindly contact the Company's Office or Agent for any doubts or clarifications on the proposal form.

Note: The liability of the Company does not commence until this proposal has been accepted by the Company and the premium paid.

Period of Insurance. From: _____ To: _____

PROPOSER INFORMATION

Proposer's Name	
Proposer's Trade or Business	
Postal Address	
Landline/ Telephone	
Email	



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Registered Letters and Number	Make of Vehicle	Type of Body	Horse Power or Cubic Capacity	Year of Manufacture
Seating Capacity		Proposer's estimate of present value of vehicle including Accessories thereon	Chassis No. or Engine No.	

1. Will the vehicle (s) be used:	
(a) For carriage of own goods?	
(b) For carriage of other persons?	
(c) With a trailer?	
If so, state number and value	
(d) For the carriage of passengers for hire or reward?	Bus <input type="checkbox"/> Private hire <input type="checkbox"/> Public hire taxi <input type="checkbox"/>
If so, tick the correct description opposite	
(e) For any other purpose?	
2. (a) Is the vehicle(s) your sole and absolute property?	
(b) If not, state the name and address of the Owner or Hire Purchase interest.	



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3. Where is the vehicle normally kept when not in use?	
Address	
Territory	
(a) In a locked-up garage	
(b) In an enclosed private property	
(c) In the open	

4. Do you or does any person who will drive, suffer from defective vision or hearing or from any physical infirmity?

5. Have you, or has any person who will drive, been convicted during the last three years of any offense in connection with any Motor vehicle or is any prosecution pending? If so give details

6. Are you now or have you ever been insured in respect of Motor Vehicle? If so, please state name of the company or underwriter

7. (a) State the name of all companies or underwriters [giving policy number(s)] with whom you have been insured at any time in respect of any motor vehicle or motor cycle.

(i) Insurers



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(ii) Policy Numbers

(b) For how many years up to this date have you previously been insured continuously without claim and with which insurers? N.B. Please attach previous Insurer's renewal notice.

Years: _____

Insurers: _____

8. Has any Insurance Company?

- a) Cancelled your policy?
- b) Declined to insure you?
- c) Refused to renew your policy?
- d) Impose any special terms
- e) Repudiated any claim?

YES	NO

If the answer to any of the above is YES, please give details:

9. Has any motor vehicle owned by you or your firm had an accident or loss during the past three years? YES NO

If so, please complete the section below



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Year	Total No. of Accidents and Losses	Total No. of Vehicles owned by Proposer	Total Cost of Settled Claims						Outstanding Claims					
			Damage to Proposer's Vehicle		Third Party		Others		Damage to Proposer's Vehicle		Third Party		Others	
			NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT

10. The form below must be completed in respect of persons who will or may to your knowledge drive, INCLUDING YOURSELF

Name	Occupation	Age	Length of Driving Experience. if Driving experience is not continuous or does not include past year, state dates when license held	Is the driving license provisional?	Has he/she any physical infirmity, or defective vision or hearing?	Have any insurers declined or withdrawn insurance or imposed any special terms or conditions?	Give details of all convictions or impending prosecutions for driving offences if none, insert "None"	Number of Accidents and Losses during past 3 years. If none in insert "None"	
								YEAR	COST
PROPOSER:									



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11. If more than one vehicle to be insured against – state number in use at a time

12. List any other extensions required to the basic policy

a) Windscreen

b) Third Party Property Damage Limit



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DECLARATION

I/We do hereby declare that the above answers and statements are true and that I/we have not withheld any material information regarding this proposal. I/We agree that this declaration and answers given above as well as any proposal or declaration or statement made in writing by me/us or any one acting on my/our behalf shall form the basis of contract between me/us and the company and I/we further agree to accept indemnity subject to the conditions endorsed on the company's policy.

Date of proposal: _____ Signature and stamp of proposer: _____

THE LIABILITY OF COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED AND THE PREMIUM HAS BEEN PAID

AGENT / BROKER / CONTACT PERSON Name: _____

Signature: _____ Date: _____

Comments:



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VEHICLE INSPECTION REPORT

I _____ confirm having this _____ day of _____ time _____ AM/PM inspected the under mentioned motor vehicle for insurance purposes at _____

1. Registration No. _____ Card No _____
2. Registered Owner _____
P.O. Box _____
4. Make of Vehicle _____
5. Description of Body _____
6. Colour _____
7. Year of Manufacture _____
8. Cubic Capacity _____
9. Engine No. _____
10. Chassis No. _____
11. Net Weight _____
12. Size of Tyres _____
13. Seating Capacity _____
14. Carrying Capacity _____



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15. Body Panels _____

16. Paint work _____

17. Upholstery _____

18. Windscreen _____

19. Wheel rim _____

20. Appearance of tyres _____

21. Value of Radio _____ Make _____

22. Value _____

23. REMARKS:



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