

# 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](mailto:swico@swico.co.ug), Website: [www.swico.co.ug](http://www.swico.co.ug)

## MOTOR PRIVATE 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	Cubic Capacity	Year of Manufacture
Seating Capacity (Including Driver)	Proposer's estimate of present value of vehicle including Accessories thereon	Chassis No.	Engine No.	

1. (a) Will the car be used exclusively for social, domestic and Pleasure purposes?	
(b) If not state for what purpose it will be used	
(i) By you for professional purposes?	
(ii) By you personally in connection with your own or your employer's business?	
(iii) By employee or other parties in connection with your own or your employer's business?	
(iv) For the carriage of samples or trade goods or farm requisites, produce or livestock?	
(v) For any other purpose?	
2. (a) Is the car 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 car 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. (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

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(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: \_\_\_\_\_



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## 5. 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:

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6. Give particulars of any Accidents and Losses (whether resulting in a claim or not) during the last three years in connection with all w motor vehicles owned or driven by the Proposer, If the Proposer has owned or driven a motor vehicle during the last three years, please insert below the claims experience for the three years of ownership and/or of actual driving of a motor vehicle.

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					



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7. 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:									

8. Is there any other material fact within your knowledge regarding this proposal for insurance which should be submitted to the Company for consideration? If NONE, insert "NONE"

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9. Delete insurance not required:

- (a) Comprehensive
- (b) Third Party Fire & Theft
- (c) Third Party only.
- (d) Act only

10. How many cars are insured with this Company?

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11. List any other extensions required to the basic policy

a) Windscreen

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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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## COMPREHENSIVE POLICY BENEFITS & COVER

LOSS OF OR DAMAGE TO THE CAR, and its accessories and spare parts thereon, is covered resulting from.

- (a) Accidental Collision or Overturning.
- (b) Collision or Overturning consequent upon mechanical breakdown or wear and tear.
- (c) Malicious Act
- (d) Fire, External Explosion, Self-ignition or Lightning.
- (e) Whilst in Transit by Road, Rail Lift or Inland Waterway.
- (f) Theft and Vandalism.
- (g) Third Party Property Damage and Bodily injury.

The Company will pay the reasonable cost of protection and removal of the Car to the nearest repairers in consequent of accident causing damage covered by the policy and of delivery within the country where the loss or damage was sustained.



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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 \_\_\_\_\_

15. Body Panels \_\_\_\_\_



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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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