

Head Office:

Plot 1 Bombo Road | P.O.Box 9393, Kampala, Uganda
 ☎ +256 414 345996 | +256 752 262 119 | +256 767 695 190
 ✉ Swico@swico.co.ug | 🌐 www.swico.co.ug
 📧 @statewideug | 📧 @swico_uganda | 📧 @swico

PROPOSAL FOR COMMERCIAL VEHICLE INSURANCE

All questions and subsections must be fully answered. Dashes or ticks are insufficient.

POLICY AND PROPOSER DETAILS

Agency		Proposal No.		Policy No.	
Full Names of Proposer (in block letters)				TIN	
Physical Address					
Postal Address		Tel.		Email	
Trade or business		No. of drivers employed			
Period of insurance required from		until			

VEHICLE DETAILS

Registered Letters and Numbers	Make of Vehicle	Type of body	Horse Power or Cubic Capacity	Year of Manufacture	Carrying Capacity Goods / Passengers	Proposer's estimate of present value of Vehicle(s) incl. Accessories	Chassis No. or Engine No.

USE OF VEHICLE(S)

1. (a) Will the Vehicle(s) be used for carriage of own goods? ☐ Yes ☐ No
1. (b) For carriage of other persons? ☐ Yes ☐ No
1. (c) With a trailer? ☐ Yes ☐ No
- If so, state number and value
1. (d) For the carriage of passengers for hire or reward? ☐ Yes ☐ No
- ☐ Bus
 ☐ Private hire
 ☐ Public hire taxi
1. (e) For any other purpose?

PROPOSAL FOR COMMERCIAL VEHICLE INSURANCE

OWNERSHIP AND GARAGING

2. Is the Vehicle(s) your sole and absolute property?

☐ Yes ☐ No

If not, state the name and address of Owner or Hire purchase interest.

3. Village

Territory

☐ (a) In a locked-up garage

☐ (b) In an enclosed private property

☐ (c) In the open

DRIVER AND INSURANCE HISTORY

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

☐ Yes ☐ No

If yes, give details

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

☐ Yes ☐ No

If yes, give details

6. Are you now or have you ever been insured in respect of Motor Vehicle?

☐ Yes ☐ No

If so, state name of the Company or Underwriter

7. (a) Insurer(s)

Policy Number(s)

7. (b) Continuous claim-free years

Insurer(s)

8. (i) Has any Company or Underwriter declined your proposal?

☐ Yes ☐ No

8. (ii) Required you to bear the first portion of any loss or imposed other special conditions?

☐ Yes ☐ No

8. (iii) Required an increased premium?

☐ Yes ☐ No

8. (iv) Refused to renew or cancelled your policy?

☐ Yes ☐ No

Head Office:

Plot 1 Bombo Road | P.O.Box 9393, Kampala, Uganda
 ☎ +256 414 345996 | +256 752 262 119 📞 +256 767 695 190
 📧 Swico@swico.co.ug 🌐 www.swico.co.ug
 📱 @statewideug 📱 @swico_uganda 📱 @swico

PROPOSAL FOR COMMERCIAL VEHICLE INSURANCE

ACCIDENT AND LOSS HISTORY

9. (a) Has any motor vehicle owned by you or your firm had an accident or loss during the past three years?

☐ Yes ☐ No

9. (b) If so, please complete the section below.

Year	Total Motor Vehicles owned	Total Accidents/Losses	Own Vehicle No./Amount	Third Party No./Amount	Others No./Amount	Outstanding Own No./Amount	Outstanding Third Party No./Amount	Outstanding Others No./Amount

DRIVERS

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

Name	Occupation	Age	Length of Driving Experience	Driving licence provisional?	Physical infirmity / defective vision or hearing?	Insurer declined / withdrew / special terms?	Convictions or pending prosecutions	Accidents/Losses Year	Accidents/Losses Cost

Head Office:

Plot 1 Bombo Road | P.O.Box 9393, Kampala, Uganda
 ☎ +256 414 345996 | +256 752 262 119 📞 +256 767 695 190
 ✉ Swico@swico.co.ug 🌐 www.swico.co.ug
 📧 @statewideug 📧 @swico_uganda 📧 @swico

PROPOSAL FOR COMMERCIAL VEHICLE INSURANCE

FLEET, DISCOUNT AND EXTENSIONS

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

12. DISCOUNT – If no claim during the previous year.

13. (a) Windscreen

(b) Third Party property Damage up to a limit of

DECLARATION

I/We hereby declare and warrant that the above questions and particulars are fully and truthfully answered that I/We have not withheld or concealed any circumstances affecting the proposed Insurance, and that the vehicle(s) described are in good condition. I/We agree that this declaration and the answers given above shall be the basis of the contract between me/us and Statewide Insurance Company Limited and I/We agree to accept a policy, subject to the conditions prescribed by the Company, and expressed in the policy.

Date

Proposer's Signature

COMPREHENSIVE POLICY BENEFITS

1. DAMAGE TO OR LOSS OF VEHICLE: including Accessories thereon:-

- (a) By ACCIDENTAL COLLISION or OVERTURNING.
- (b) By COLLISION or OVERTURNING consequent upon MECHANICAL BREAKDOWN or WEAR and TEAR.
- (c) By MALICIOUS ACT.
- (d) By FIRE, EXTERNAL, EXPLOSION, SELF-IGNITION or LIGHTING.
- (e) By BURGLARY, HOUSEBREAKING or THEFT.
- (f) Whilst in TRANSIT by Road, Lift or Inland Waterway.
- (g) THEFT and VANDALISM.

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

2. LIABILITY TO THIRD PARTIES

The Insured or any person driving the insured Vehicle on the Insured's order or with his permission is indemnified in respect of his legal liability to pay compensation (including Claimant's costs and expenses) for:- Death of or bodily injury to any one person caused by or arising out of the use (including Loading and unloading within the limits of any carriageway or thoroughfare) of the insured Vehicle:

- (a) Death / Bodily injury
- (b) Third Party Property Damage

Head Office:

Plot 1 Bombo Road | P.O.Box 9393, Kampala, Uganda
 +256 414 345996 | +256 752 262 119 | +256 767 695 190
 Swico@swico.co.ug | www.swico.co.ug
 @statewideug | @swico_uganda | @swico

COMMERCIAL VEHICLE INSURANCE – VEHICLE INSPECTION REPORT

INSPECTION DETAILS

I confirm having this

day of time Am/pm

inspected the under mentioned motor vehicle for insurance purposes at

VEHICLE INSPECTION

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	
16. Paint work		17. Upholstery	
18. Windscreen		19. Wheel rim	
20. Appearance of tyres			
21. Value of Radio		Make	
22. Value			
23. REMARKS			