

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
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PROPOSAL FOR PRIVATE CAR INSURANCE

IMPORTANT: All questions must be fully answered. Dashes or ticks are insufficient.

PROPOSER DETAILS

Full Name of Proposer (in block letters)

Tax Identification No.

Physical Address

Postal Address (in block letters) Telephone contact

Email

Business or Profession

Period of insurance required from until

VEHICLE DETAILS

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 incl. Accessories	Chassis No. / Engine No.

USE OF VEHICLE

1. (a) Will the car be used exclusively for social, domestic and pleasure purposes? ☐ Yes ☐ No

1. (b) (i) If not, will it be used by you for professional purposes?

1. (b) (ii) By you personally in connection with your own or your employer's business?

1. (b) (iii) By employee or other parties in connection with your own or your employer's business?

1. (b) (iv) For the carriage of samples or trade goods or farm requisites, produce or livestock?

1. (b) (v) For any other purpose?

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OWNERSHIP AND GARAGING

2. (a) Is the car your sole and absolute property? ☐ Yes ☐ No
2. (b) If not, state the name and address of Owner or Hire Purchase interest.

3. Address where car is normally kept Territory
- ☐ (a) In a locked-up garage ☐ (b) In an enclosed private property ☐ (c) In the open

PREVIOUS INSURANCE AND UNDERWRITING HISTORY

4. (a) Insurer(s) Policy number(s)
4. (b) Continuous claim-free years Insurer(s)
5. (a) Has any Company or underwriter declined your proposal? ☐ Yes ☐ No
5. (b) Required you to bear the first portion of any loss or imposed other special conditions? ☐ Yes ☐ No
5. (c) Required an increased premium? ☐ Yes ☐ No
5. (d) Refused to renew or cancelled your Policy? ☐ Yes ☐ No

ACCIDENTS AND LOSSES - LAST THREE YEARS

6. Give particulars of any Accidents and Losses (whether resulting in a claim or not) during the last three years in connection with all motor vehicles owned or driven by the Proposer.

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

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DRIVERS

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	Driving licence provisional?	Physical infirmity / defective vision or hearing?	Insurer declined / withdrew / special terms?	Convictions or pending prosecutions	Accidents/Losses Year	Accidents/Losses Cost

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".

INSURANCE REQUIRED

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

10. How many cars are insured with this Company?

11. NO CLAIM DISCOUNT – if no claim during previous years

12. (a) Windscreen

(b) Third Party Property Damage Limit

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

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PRIVATE CAR INSURANCE – COMPREHENSIVE POLICY BENEFITS & COVER

1. LOSS OF OR DAMAGE TO THE CAR

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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PRIVATE CAR 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			