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Proposal Form for Motor Vehicle Insurance

(Please answer all questions in full. Should you have any query please ask your agent/broker for clarifications).

1. Name of the Proposer (in full): _____
2. Postal Address: _____
3. Physical Address: _____
4. Telephone Number: _____ Fax Number _____
5. E mail address: _____
6. Trade or business: _____
7. Number of drivers employed _____
8. Period of Insurance: From _____ To _____
9. Scope of Cover: Comprehensive ☐ Third Party Fire and Theft ☐
Third Party only ☐
10. Particulars of the vehicle to be insured

Registration Number	Make	Type of body	Cubic Capacity	Year of manufacture	Eng.No. / Chassis No.	Carrying Capacity	Proposer's estimate of present value including standard accessories

11. Particulars of non standard accessories to be insured

Type of accessory	Make	Serial Number	Estimated Value

Ownership Details:

- a. Date of Purchase of vehicle: _____
- b. Purchased new or second hand? _____
- c. Price Paid _____
- d. Are you the owner of the vehicle? YES / NO
- e. Is the vehicle registered in your name? YES / NO
- f. If not in whose name is it registered? _____
- g. Is there any hire purchase agreement on the vehicle: YES / NO

- h. If yes, please state the name and address of the financier _____

Use of the Vehicle:

1. Is the vehicle used for hire and reward? YES/NO
2. The vehicle is used to carry: Passengers/Own Goods/Others goods (please tick the relevant column)
3. Is the vehicle used by employees or other parties in connection with your own or your employer's business?

Particulars of the Drivers

1. Does the driver (s) employed to drive, have a driving experience of more than two years? YES/NO
2. Do they possess a valid driving license issued in Rwanda: YES/NO
3. Is the driver(s) convicted at any time for any traffic or criminal offence? YES/NO

Other particulars:

1. State the area where the vehicle is normally used? _____
2. Is the vehicle normally garaged in a building at your premises overnight? YES/NO
3. Is there any anti theft devices fitted to the vehicle? YES/NO
4. If yes, please give details of the device. Make _____ Type of device _____
Date fitted _____
5. Do you wish to insure the device separately? If so state the value _____ (please attach the installation certificate)

Insurance Particulars

1. Do you currently have a valid insurance on the vehicle(s) proposed for insurance? YES/NO
2. If yes please give the name of the insurance Company, policy number and date of expiry:

3. If no, please give the particulars of the last insurance you had taken on this vehicle _____

4. Has any Insurance Company ever cancelled or refused to renew your policy? YES/NO
5. Declined to insure you? YES/NO
6. Imposed any special terms? YES/NO
7. Repudiated any claim: YES/NO
8. If answers to any of the questions 4 to 7 is yes, please give full details _____

Claims Experience

Have you ever suffered a loss in connection with any motor vehicle owned or operated by you? YES/NO

If yes, please give details as under for the last three years:

Year	Total number of vehicles	Total number of accidents	Cost (Paid or estimated)	Details of the accident(s)

NO CLAIMS DISCOUNT

Are you eligible for any No Claim Discount? YES/NO

Signature of the Proposer

Name

Date

Place
