

Enterprise Commercial Vehicle Insurance Proposal Form

Insured's Details

1. Name of Proposer (Mr/Ms/Mrs/Dr/Prof).....Surname.....
Other Names.....
2. Date of Birth.....3. Sex: Male ☐ Female ☐
4. Postal Address.....
5. E-mail address.....
6. Insured's mobile No:

Vehicle Details

7. Make / Model of vehicle:.....Year of Manufacture:.....
8. No. of seats:..... Engine No:.....Cubic Capacity:.....
9. Chassis No.....Vehicle Registration No:.....
10. Seating capacity including Driver.....Carrying capacity (i.e. Weight of load).....
11. Left or Right Hand Drive.....Registration Number.....
12. Date of Purchase and Price Paid.....Proposer's Estimate of Present Value.....
13. Is the vehicle(s) at present in a thorough state of repair?.....
14. Has the Vehicle(s) been altered or adapted from the original manufacturer's design in any way? Yes ☐ No ☐
15. Is the vehicle(s) used or licensed for:
a. The carriage of fare paying passengers? If so please complete separate proposal. Yes ☐ No ☐
b. The carriage of your own goods only? Yes ☐ No ☐ If so, state all types of goods.....
.....
c. The carriage of other person's goods? Yes ☐ No ☐ If so, state all types of goods.....
.....
d. Use in connection with the motor trade? Yes ☐ No ☐ If so, please give details.....
.....
16. a. Are you the owner of the Vehicle? Yes ☐ No ☐
b. Is it registered in your name? Yes ☐ No ☐
c. If not state name and address of owner.....
d. Did you obtain a loan to purchase the Vehicle? Yes ☐ No ☐
e. If so, please state name and address of person/hire company from who the loan was obtained.....
.....
17. Will the Vehicle(s) AT ANY TIME be driven by:
a. Any person with less than two years continuous driving experience on this type of vehicle(s)?.....
b. Any person who has held a FULL driving license for less than two years?.....
c. Any person under 25 years of age?.....
d. Any person who has ever been charged with or convicted of any motoring or driving offence?.....
e. Any person with defective vision or hearing or with any other physical infirmity?.....

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18. a. Have there been accidents or losses occurring during the past three years in connection with any motor owned by you or driven by you or on your behalf?.....

b. If so please give details:

Name of Driver	Date of Accident	Vehicle Number	Name of Insurance Company	Detail of any Claim Payment

19. Have you ever held a motor insurance policy or ever proposed to an insurance company for motor insurance?

Yes ☐ No ☐

If so please give name of each insurance company, policy number and period of cover.

.....
.....

20. Has any insurance company ever, in connection with any vehicle:

a. Declined your proposal?

Yes ☐ No ☐

b. Required you to carry the first portion of any loss?

Yes ☐ No ☐

c. Required an increased premium or imposed special conditions?

Yes ☐ No ☐

d. Refused to renew your policy?

Yes ☐ No ☐

e. Cancelled your policy?

Yes ☐ No ☐

21. Do you wish to insure under

a. Comprehensive Policy ☐

b. Third Party Fire & Theft ☐

c. Third Party ☐

DECLARATION

I warrant that the above statements and particulars are true and I hereby agree that this Declaration shall be held to be promissory and of continuing effect and shall form the basis of and be deemed to be incorporated in the Contract between me and the ENTERPRISE INSURANCE and I am willing to accept a policy subject to the Terms prescribed by the Company herein, and to pay the Premium thereon.

Date.....

Signature.....

Agency.....



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Contact Details

Head Office

Advantage Place,
7th Avenue Mayor Road, Accra, Ghana
Telephone: 0302634777
Info.insurance@enterprisegroup.net.gh
www.enterprisegroup.net.gh

Branches:

Enterprise Market, Advantage Place.

Ridge West, Accra
Tel: 0302634777 EXT. 1060

Enterprise Market, High Street.

No. 11 High Street
Tel: 0302634777

Airport Office

No. 47 Patrice Lumumba Street
Airport Residential Area, Accra
0302634738

Tema Office

Lodestar Heights,
in front of Melcom Plus Community 1, Tema
0302634747

Odorkor Office

1st Floor, Obrapa House
Kaneshie-Mallam Motorway, Accra
0302634742

Takoradi Office

Room 316, 2nd Floor, SSNIT House
Plot 39, Accra Road
0302634752

Tamale Office

Hospital Road
0302634752

Achimota Office

Sonnidom House 365
Achimota-Nsawam Rd
Mile Seven-Achimota
0302634739

Kumasi Office (Mbrom)

Former Internal Revenue Building
Opposite Shell Filling Station, Mbrom
0302634750

Kumasi Office (Ahodwo)

Opposite Ahodwo Melcom Building
0302634749

Spintex Office

1st Floor, Takyi Plaza
Plot no. 40, Accra (Near Papaye Fast Food)
0302634741

Weija Office

Genesis Mall, Adjacent SilverBird 3D Cinema
House no. 8, MILE 81/210, Winneba Road, Weija
0302634744

Lapaz Office

Ground Floor
House no. 104/23
Abeashie Street, Nyamekye, Lapaz, Accra
0302634746

Trade Fair Office

1st Floor, Number 37
Trade Fair Road, La, Accra.
0302634744

South Industrial Office

1st Floor opposite, Barclays building near
St. Theresa's school, North Kaneshie, Accra
0302634745

