

## Enterprise Private Motor 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. Business/ Occupation.....
5. Home Address.....
6. Business Address.....
7. E-mail address.....
8. Personal mobile no: ..... Business mobile no.....
9. Do you have other policies with EIC? Yes ☐ No ☐
10. Number of Dependants..... 11. Marital Status.....

### Details of Vehicle(s) to be insured:

Make/ Model of Motor Vehicle	Type of Body	Year of Manufacture	Cubic Capacity of Engine	Seating Capacity Including Driver	Engine or Chassis Number	Registration Number	Date of Purchase and Price Paid	Proposer's Estimate of Present Value Including Accessories

11. Is the Vehicle (s) at present in a thorough state of repair?.....
12. Has the Vehicle(s) been altered or adapted from the original manufacturer's design in any way? Yes ☐ No ☐
13. Will the Vehicle(s) be used Otherwise than for social domestic or pleasure purposes?.....

### IF SO WILL OTHER USE INCLUDE

- a. The carriage of goods or samples? Yes ☐ No ☐
- b. The carriage of passengers for hire or reward? Yes ☐ No ☐
- c. Use in connection with the motor trade? Yes ☐ No ☐
- d. Use by yourself only on your own business? Yes ☐ No ☐
14. (a) Are you the owner of the Vehicle and is it registered in your name? Yes ☐ No ☐
- (b) If not state name and address of owner.....
- (c) Did you obtain a loan to purchase the Vehicle(s) Yes ☐ No ☐
- (d) If so please state name and address of person / hire company from whom, the loan was obtained.....



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15. (a) Will you allow other licensed driver to drive your car? Yes ☐ No ☐

(b) Proposer's driving Experience.....

Name	Age	Occupation	No. of Years a Full Driving Licensed held	Details of any conviction of motoring offence during the past five years

16. Have you or any one of you intend to drive this car been involved in an accident in the past 5 years? Yes ☐ No ☐  
If yes give details

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17. To the best of your knowledge and belief do you or does any person who to your knowledge will drive suffer from defective vision or hearing or from any physical infirmity? Yes ☐ No ☐

If yes give details

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18. 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

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19. Has any insurance company or underwriter ever, in connection with any vehicle:

(a) declined your proposal?.....

(b) required you to carry the first portion of any loss?.....

(c) required an increased premium or imposed special conditions?.....

(d) refused to renew your policy?.....

20. Do you wish to Insure?

(a) under a Comprehensive Policy? Yes ☐ No ☐

(b) your liability to Third Party only? Yes ☐ No ☐

(c) your liability under the Motor vehicle (Third Party Insurance) Act only? Yes ☐ No ☐

21. Do you wish to Insure your legal liability to passengers in the vehicle(s) proposed for insurance? Yes ☐ No ☐

22. Do you wish to provide insurance Cover to your employed driver? Yes ☐ No ☐



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23. The Third Party Property Damage Limit Under our Standard Policy is ₵5,000.00. Do you wish to revise this upward?  
If so please state the amount of indemnity required.

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### **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.....

*No acknowledgement of premium or deposit unless on the printed form of the company.*

### **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

