

Zemen Insurance S.C.

Motor Proposal

Branch: Adama Proposal No: ZI/AD/MOTP/2024122639929
Name of Proposer: mekbisa
Country: Ethiopia Region: Addis Ababa
City: Addis Ababa Sub city: Yeka
Woreda: Kebele:
Primary Email: Primary Phone: +251969028007
P.O.Box:

Particulars of Motor Vehicle to be insured

Plate Number: esfsf Chassis No: 0sfse4
Engine No: 0sfse4s Year Of Manufacture: 2018-12-31
Carrying capacity: 5
Horse Power: 1500

Cover Type: Own Damage

Is the Vehicle in a good state of repair: No

Where is the vehicle left overnight:

Purpose of the Vehicle: Private

How long have you and any other person have been driving regularly?

If you or your driver have been driving form the past 4 years, specify the place where the license was issued:

Do you or any other person, to your knowledge will drive suffering from any physical infirmity or from any defective vision or hearing?: Yes

Do you or any other driver to your knowledge has been convicted of any offense in while driving motor vehicle for the last 12 moths?: Yes

Are you now or have been insured in respect of any motor vehicle? If so, please state the name of company:

Has any insurance company ever

- declined your proposal: No
- refused to renew your policy: No
- canceled your policy: No
- increased your premium: No
- required you to carry the first portion of any loss: No
- imposed special conditions: No

State accidents that has occurred during the past two years in connection with vehicle owned or driven by you or your driver

- Damage on vehicles:
- Personal injury(Claims by third parties):

- Property Damage (Claims by third parties):

Are you entitled to a no claim bonus in respect to any of the vehicles described in this Proposal: No

Declaration

I the undersigned declare that the vehicle(s) described is (are in good) condition and will continue to be so maintained and i hereby warrant that the above statement and Particulars are true and i hereby agree that the declaration shall be deemed to be a promissory nature and effect and the basis of the contract between me and the Company and that i have not withheld any important information which should be communicated to the company and that I am willing to accept a policy subject to the terms, conditions and exceptions therein and to pay the premium agreed upon. .

Date _____

Branch _____

Signature of the proposer _____

Underwriter _____

Source of business: _____

Office/Agent/broker: _____