**NOVA INSURANCE COMPANY LIMITED**

5th floor DTB Centre, Plot 17/19 Kampala Road, P.O Box 24876, KAMPALA (U)

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**COMMERCIAL VEHICLE PROPOSAL FORM**

**Agency**…………………………………………………….. Age………………………

**E-mail Address**……………………………………………... **Telephone No…………………………..**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **The Proposer** 2. Full name of the Proposer………………………………………………………………………………… 3. Postal Address or Registered Office……………………………………………………………………… 4. Business or Profession (if more than one state all)………………………………………………………. 5. Address at which vehicle (s) is/ are usually garaged ………………………………………………......... | | | | | | | | | | | | | | | | | |
| 1. **Period of Insurance**   The policy is required to run from …………………20………………….to…………….20…………….. | | | | | | | | | | | | | | | | | |
| 1. The Vehicle (s) | | | | | | | | | | | | | | | | | |
| Registered letters and numbers | | Make | | Cubic Capacity or Horse Power | | Date of manufacture | Engine or Chassis number | | | Carriage Capacity | | | | Proposer’s estimate the present value (including accessories) | | |  |
| Passengers | | Goods | |
| a)  b)  c) | |  | |  | |  |  | | |  | | | |  | | |  |
| 1. **Ownership** 2. Are you the owner of the vehicle (s) and is it in your name? (if not, state, name and address of Owners and of the person in whose name the vehicle is registered? 3. From whom you purchased it and date? 4. Whether new or second-hand and price paid? 5. Is the vehicle (s) subject to any hire purchase agreements or any other lien? | | | | | | | | | |  | | | | | | | |
| 1. **Driver (s)** 2. How long have you been driving a motor vehicle? 3. Do you or any other person who to your knowledge will drive, suffer from defective hearing or from a physical infirmity? 4. Have you or any other person who to your knowledge will drive been convicted of any offence in connection with the driving of any vehicle? 5. Will anyone else drive the vehicle (s) except yourself? | | | | | | | | | | **a)………………………………………….**  **b)………………………………………….**  **c)……………………………………..........**  **d)………………………………………....** | | | | | | | |
| 1. **Use of vehicle (s)** 2. Will the vehicle be used in connection with the carriage of your own goods? 3. Will you undertake cartage for other persons? 4. Will the vehicle (s) be used for carriage of passengers? 5. Will the vehicle (s) be used as an omnibus? 6. Will the vehicle (s) be used for private / public Hire? 7. Will the vehicle (s) be used in connection with the Motor Trade? | | | | | | | | | | **a)…………………………………………..**  **b)………………………………………….**  **c)………………………………………….**  **d)………………………………………….**  **e)………………………………………….**  **f)…………………………………………..** | | | | | | | |
| 1. **Previous Experience** 2. Give a record of all accidents and / or losses during the past five years in connection with any Motor Vehicle (s) owned by you whether insured or uninsured including any outstanding claim?   **TOTAL NUMBER OF ACCIDENTS AND LOSSES** | | | | | | | | | | | | | | | | | |
| **Year** | **Total No. of Motor Vehicles Owned by Proposer** | | **Total No. of Accidents owned by losses** | |  | | | **Damage to Proposers motor Vehicles** | | | | | **Third Party** | | | **Other** | |
|  |  | |  | | **OUTSTANDING PAID** | | | **No.** | **Amount** | | **No.** | | **Amount** | | **No** | **Other** | |
|  |  | |  | |  | |  |  | |
| 1. Are you now or have been insured in respect of any Motor Vehicle (s) if so please state the name of the Company or Underwriter 2. Has any Company or Underwriter ever: 3. Declined your Proposal? 4. Required an increased premium or imposed conditions? 5. Required you to carry the first portion of any loss? 6. Cancelled your Policy? 7. Refused to renew your policy? | | | | | | | | | | | | | 1**)…………………………..**  **2)…………………………..**  **3)…………………………..**  **4)…………………………..**  **5)…………………………..** | | | | |
| 1. **Type of Policy Required**   Please cross out the section not required | | | | | | | | | | | | | 1. **Comprehensive** 2. **Fire and Theft** 3. **Third Party** | | | | |
| 1. a) Do you wish to cover the windscreen glass?   b) If so, state the value of the glass | | | | | | | | | | | | | **a)………………………......**  **b)……………………….....** | | | | |
| 1. a) Do you wish to cover Medical Expenses   b) If so, state the value of glass | | | | | | | | | | | | | **a)………………………….**  **b)…………………………..** | | | | |
| 1. Reb ate: No Claim Bonus, Extra 2. Do you have more than one vehicle insured with the Company? 3. Are you entitled to a “No Claim Discount” from your previous Insurers in respect of any vehicles described in this proposal? If so please attach renewal notice or supply full details. | | | | | | | | | | | | |  | | | | |

I / We desire to effect an Insurance against risks as set forth above in terms of the Policy used for class of business and I / We warrant that the above attachment and particulars are correct and complete I /We undertake that the vehicle to be Insured shall not be driven by any person who to my / our knowledge has been any Motor Vehicle Insurance or continuance thereof.

**Date …**…………………………… **Proposer’s Signature**…………………………….

No liability is undertaken by the Company until the Proposal has been accepted by the Company and the premium paid.

**IMPORTANT:** All Quotations and sub sections of questions MUST be answered fully

and if the proposer is a firm or private company they must be used as also

apply to each individual partner or members