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COMMERCIAL VEHICLE INSURANCE PROPOSAL

The Commercial vehicle policy issued by the First Assurance Company Limited can be a Comprehensive, Third Party Fire and Theft Party only basis. The benefits provided by these forms of cover summarised as follows:

COMPREHENSIVE

- 1.DAMAGE TO OR LOSS OF THE VEHICLE caused by:-
- (a) Accidental Collision of Overturning
- (b) Malicious Act
- (c) Theft
- (d) Fire
- (e) Accidental and External means during transit within East africa

IN ADDITION the policy covers the cost of removing a damaged vehicle which is the subject of a claim to the nearest competent repairer up to a maximum of Tshs. 500, 000/-.

REPAIRS may be executed at once upto a limit of Tshs. 500, 000/- if an estimate is obtained at the time and forwarded to the Company.

This cover is subject to average.

2. LIABILITY TO THE PUBLIC

- A. The insured is indemnified in respect of his liability to pay compensation for:-
 - (a) Death of or bodily injury to persons BUT EXCLUDING PERSONS RELATED TO OR EMPLOYED BY THE INSURED
 - (b) Damage to property up to a maximum indemnity limit of Tshs.30,000,000/- BUT EXCLUDING PROPERTY CONVEYED BY THE VEHICLE OR IN THE CUSTODY OR CONTROL OF THE INSURED CAUSED BY THE USE OF THE INSURED VEHICLE, caused by the use of the insured vehicle.
- B. The insured is indemnified under The Motor Vehicle Insurance (Third Party Risks) Ordinance 1945 (Tanganyika) (Section 7) and The Motor Vehicles (Third Party Risks) Decree 1953 (Zanzibar) (Section 6).

THIRD PARTY FIRE AND THEFT

In this instance cover is restricted to:-

- 1.LIABILITY TO THE PUBLIC as set out in part 2 of the 'Comprehensive ' section above And
- 2.DAMAGE TO OR LOSS OF THE VEHICLE caused by:-
- (a) Fire
- (b) Theft

THIRD PARTY ONLY

Cover is restricted to

LIABILTY TO THE PUBLIC as set out in part 2 of the 'Comprehensive' sections above.

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EXCLUSIONS

In addition to the specific exclusions given above there are other restrictions in the cover of a more general nature and these are summarised below. The policy does not cover damage or liability arising from:

TEL NO __

- 1. Earthquake
- 2. Riot and strike
- 3. War

capacity of

each trailer (a) State the owner of the Motor Vehicle

- 4. Wear and tear and depreciation
- 5. Mechanical breakdown

AGE _____

6. Damage of tyres unless the vehicle is damaged at the same time

FULL NAME OF PROPOSER

ADDRESS _____

7. Damage caused by overloading or strain

COVER IS RESTRICTED TO EAST AFRICAN COUNTRIES

	OCCUPA	TION OR I	BUSINESS							
DATE OF COMMENCEMENT OF INSURAN										
ì				D	ETAILS	OF VEHIC	LES			
Le	egistration etters and umber	Make of Vehicle	Cubic capacity	Year of manufacture	Type of Body	Chassis Number/ Engine Number	Total seating capacity including Driver's Seat	Maker's maximum carrying capacity of vehicle	Price paid by Proposer and Date of purchase	Proposer's Estimate of Present Value
(a) Maximum number of trailers attached to the Vehicle at any time (b) Maker's maximum carrying				(a)						

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(a)



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and in whose name it is registered					LV					
(b) Is a Hire-Purchase Company					b) .					
interested in the Vehicle? If so, Name and Address										
3. Give full particulars of all purposes for										
which Vehicle will be used										
4. (a) If used for Carriage of Goods,					a) _					
What is their general nature?										
(b) Do you undertake cartage for other persons?						(p)				
(c) Has the vehicle been altered or					(c)					
adapted to carry a load heavier than										
that stated in the Maker's published										
specification?										
	assengers Cari			١,						
(a) Are the reward?	passengers ca	rried for hire	or	((a)					
	vehicles used f	or public ser	vice	١,	(b)					
	iss of licence	or position	1100	((c)					
(c) Are pas	sengers carrie	d incidental t	to a	`	, —					
	for the convey	ance of goo	ods							
	chandise?									
	re vehicles are									
	ord of all accid								on with any Motor	
outstanding:		your parmer	s, wn	eme	erins	urec	or uninsured	including	any ciaims	
Year	Total	Total	Dar	naa	e of		Third Party	Others		
	number of	Number		_	vehicles		,			
		of	owr	ned	ed or					
	Vehicles Accidents drive		/en ∣	-						
					•					
	owned by	and	Pro	pose	er					
				pose	er out					
	owned by	and	Pro	pose	er			-		
	owned by	and	Pro	pose	er out			-		
	owned by	and	Pro	pose	er out			-		
	owned by	and	Pro	pose	er out					
	owned by	and	Pro	pose	er out					
	owned by	and	Pro	pose	er out					
	owned by Proposer(s)	and Losses	Pro Paid	pose d	er out					
your knowle	owned by Proposer(s) or does any othedge will drive	and Losses ner person w	Pro Paid	pose d	er out					
your knowle defective vi	owned by Proposer(s) or does any other does will drive sion or hearing	and Losses ner person w , suffer from or from any	Pro Paid	pose d	er out					
your knowle defective vi physical infi	owned by Proposer(s) or does any othedge will drive, sion or hearing rmity or fits of	and Losses ner person w , suffer from or from any any kind?	Pro Paid	pose d	er out					
your knowle defective vi- physical infi 9. Have you	owned by Proposer(s) or does any othedge will drive sion or hearing rmity or fits of the or has any or has an	and Losses ner person w , suffer from or from any any kind?	Pro Paid	pose d	er out					
your knowle defective vi- physical infi 9. Have you to your know	owned by Proposer(s) or does any oth edge will drive sion or hearing rmity or fits of o, or has any or wledge will drive	ner person w, suffer from any kind?	Pro Paid	pose	er out					
your knowle defective vi- physical infi 9. Have you to your know convicted du	owned by Proposer(s) or does any othedge will drive sion or hearing rmity or fits of the or has any or has an	and Losses ner person w , suffer from g or from any any kind? ther person v ve, been five years of	Pro Paid	pose	er out					

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10. (a) Total number of owned by proposer (b) State total number will drive (c) Are your vehicles in condition and will they that condition?	of employees who n road worthy o be maintained in	(a)				
11. (a) Do you have a licence? (b)Do you inspect drivers?	the licences of your	(a)				
	ormation on All driver	currently in your empl	ovment.			
12. Please provide information on ALL driver Name Age		Length of driving experience since test passed	Details Of Accident In Past 3 years			
Proposer (if an individual)						
13. Are you now or ho in respect of any moto If so, state name of Co Underwriter	or vehicle?					
14. Has any Company (a) Declined your proceed in the contraction of th	roposal? reased premium or conditions?					
15. Are you entitled to from your previous Ins any of the vehicles de proposal? If so, please attach rea	urers in respect of scribed in this					
16. What insurance co COMPREHENSIVE THIRD PARTY FIRE ANI THIRD PARTY ONLY	over do you require?	TICK APPROPRIATE BO	DΧ			

I/we hereby declare that the above particulars and statements are true, correct and complete and contain all information known to me/ us affecting the risk to be insured and that this and any other written statement made by me/us or on my/our behalf for the purposes of the proposed insurance shall be promissory, and I/we

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undertake that the vehicle or vehicles to be insured shall not be driven by any person who to my/our knowledge has been refused any motor vehicle or motor vehicle or motor cycle insurance or continuance thereof.

I/we further agree to accept insurance on the terms	and conditions set forth in the company's policy.
Dated:	Signed:
NO INSURANCE IS IN FORCE UNTIL THE COMPANTHE PREMIUM PAID	NY NOTIFIES ITS ACCEPTANCE OF THE PROPOSAL AND

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