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COMMERCIAL MOTOR CAR INSURANCE PROPOSAL FORM.

IMPORTANT: - The purpose of this Proposal form is to provide the company with all material information that is likely to influence the assessment of your proposal. When completing the proposal form or having your agent complete it for your signature, you should complete all questions fully (dashes are not sufficient), where you are in doubt as to whether a particular piece of information is material, you should include it. Failure to disclose all facts may invalidate the cover under your policy. It is an offence to make a false statement or withhold any material information for the purpose of obtaining a certificate or Motor Insurance, Please also initial any alterations.

1. The Proposer
 - a. Name of proposer (in full).....
(Please use Block letters)

I.D. NO. / Passport No.
.....

PIN No.....
 - b. Postal Address P. O. Box.Code.....Town.....

Telephone Number.....Fax No.

Mobile Phone Email Address
 - c. Physical Address
 - d. Age (not applicable to firms).....
 - e. How long have you held a driving license?
 - f. Precise business or profession (including part time if any).....
 - i. Incase of firm – contact person:.....
 - ii. If you are an AMACO client provide your No.
2. Period of Insurance: From.....To.....
3. Type of policy required
 - a) Comprehensive
 - b) Third Party fire & Theft
 - c) Third Party

4. Particulars of Vehicle(s) to be insured

a)

Ref. Mark(s)	Make/ Model	Type of Body	Engine No. Chassis No.	Year of Manf.	Cubic Capacity	Seating Capacity	Max. Carrying	Insured's Estimate present Value of Vehicle (Including Accessories and spare parts)

Please attach a copy of the log book

b) Give details of Anti-theft device(s) fitted (Attach a copy of Certificate).....

c) State if vehicle(s) is/are and will be well maintained and kept in thorough state of repair

d) Address where vehicle(s) is/are normally garaged.....

e) Area in which vehicle(s) is/are normally used.....

f) Is there any financier's interest in the vehicle(s) Yes No

If yes, give details.....

g) Is the vehicle registered in your name? Yes No

If no, give details.....

(NB: Please attach copy of the logbook)

h) Have the vehicle(s) been altered or adapted to carry a load heavier than that permitted by the Makers Specification: Yes No

If yes, please give details.....

i) Is the vehicle

i. Reconditioned

ii. Used ex Japan/Dubai (Others – Please specify)

5. Use of vehicle

a) State fully the purpose for which vehicle(s) will be used Yes No

i) Carriage of own goods

ii) Carriage of good for hire and reward

b) State the nature of goods carried.....

Will a Trailer be attached to the vehicle(s).....

If yes, please state.....

i. How many to each vehicle.....

ii. Value of each.....

iii. Maximum carrying capacity of each.....

iv. Registered Mark(s).....

6. About the Drivers

a) Do you or any other person who to your knowledge will drive the proposed vehicle(s)

i) Suffer from defective vision or hearing or form any physical mental infirmity or disease?

Yes No

If yes give details.....

ii) Been convicted during the past five years with any offence in connection with driving of any motor vehicle(s)?

Yes No

If yes give details.....

a) Give details of the driving experience of all persons who will drive the proposed vehicle

Name	Age	Occupation	Date of Issue of License

7. Claim Record

Give here below record of accidents/losses during the last three years in connection With any motor vehicle(s) owned or used by you.

Year	Total No. of Motor Vehicles And /or Cycles Owned	Total No. of Accidents and Losses	Damaged to Proposer's Vehicle and / or Cycles. AMOUNT	Third Party AMOUNT	Others AMOUNT

8. Previous experience

a) Are you now or have you been insured in respect of any motor vehicle? Yes No

If yes, give details of registration marks and name of Insurance Company.....

Policy No.....

b) Has any insurer, ever

	Yes	No
i. Declined your proposal?	<input type="checkbox"/>	<input type="checkbox"/>
ii. Cancelled or refused to renew your policy?	<input type="checkbox"/>	<input type="checkbox"/>
iii. Required an increased premium or imposed special condition?	<input type="checkbox"/>	<input type="checkbox"/>
iv. Required you or them to bear the first portion of any loss or imposed Any other special conditions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

9. No Claims Discount

Are you entitled to a no claim Discount from you previous insurers in respect of any of the Vehicles described in the proposal? Yes No

If yes please attach proof

10. Extra Benefits

Do you wish to insure for the following?

- | | | Yes | No |
|----|---|------------------------------|-----------------------------|
| a) | Windscreen..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | Limit..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b) | Radio Cassette..... | | |
| | Limit..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c) | Strike, riot and civil Commotion?
..... | | |
| d) | Flood, Typhoon, Hurricane, Volcanic Eruptions, Earthquake, or other Convulsion of
nature | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e) | Legal liability of passengers | <input type="checkbox"/> | <input type="checkbox"/> |
| | If yes, state number of passengers..... | | |
| f) | Any other (please
specify)..... | | |

DECLARATION

I/We declare that to my/our knowledge the answers and particulars given in this proposal are true and complete and the I/We have not withheld any material information and that the vehicle(s) described is/are in good condition. I/We further agree that this proposal and declaration shall be basis of the contract between me/us and AMACO whose policy applicable to this insurance I/We agree to accept.

Date..... Proposer's Signature.....

Company Rubber Stamp.....

THE LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED BY THE COMPANY AND THE FIRST PREMIUM PAID