

### VEHICLE INSURANCE PROPOSAL FORM FLEET

#### 1. Details of Proposer

Name: ..... Address: .....

Phone Nos: ..... Email Address: .....

Contact Person: ..... Designation: .....

Business Activity: ..... Type of Business: Sole Trader/Limited Company/Partnership

TIN: .....

#### 2. Details of the Vehicle(s)

Registration No.	Make	Model	Colour	Chassis No.	Engine No.	Year of Manufacture
a)						
b)						
c)						
d)						
e)						

Cubic Capacity	Financier if applicable	Current mileage	Seating Capacity	Registration/ Purchase date	Purchase Price	Present Value
a)						
b)						
c)						
d)						
e)						

Do the vehicles have any security devices? Yes/No      State devices and vehicle: .....

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Do the Vehicles have any Modifications? Yes/No

If yes, describe modifications on vehicles and whether they are performance enhancing: .....

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Where are the vehicles parked when not in use:during the day: ....., at night: .....

### 3. Details of Cover

When would you like the cover to start? .....

Registration No.	Cover Required Comp or TPO	Vehicle Use	Windscreen	Personal Accident Yes/No	Loss Of Use	No Claims Discount
a)						
b)						
c)						
d)						
e)						

**NOTE:**

Extra benefits subject to additional premium:

- Windscreen cover from Scr. 5000.00 to Scr. 20,000.00
- Personal accident to the driver up to Scr. 200,000.00
- Loss of use:
  - Scr. 5,000.00
  - Scr. 8,000.00
  - Scr. 12,000.00

Name of previous Insurer: .....

Vehicle Use – Select one of the below to add above:

- Social, Domestic and Pleasure including business use but excluding hire and reward
- Self-drive hire
- Hire or reward
- Training/tuition
- Business Use – General Cartage
- Business Use – Own Goods

### 4. Details of Frequent Drivers in the proposer’s employment

Name	D.O.B	Gender	Occupation	Licence Class held & Date First Issued
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

**5. Claims History**

Have you or any of the above mentioned drivers had any motoring claims over the last five years? Yes/No

If yes, kindly provide all the details requested below.

Claim Date	Who was at Fault	was NCD reduced	Total Claim Amount	Description of claim
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

**6. Details of Medical Conditions and Convictions**

Do any potential drivers, suffer from any medical conditions of which the Licensing Authority should be made aware of? Yes/No

Have any potential drivers, ever been convicted during the past five years of an offence in connection with a vehicle? Yes/No

Have potential driver, had a claim refused or repudiated? Yes/No

If yes to any of the above, please explain:

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**7. Declaration**

I/We, in effecting insurance in accordance with the information provided in this proposal, declare and warrant:

- The statements in this proposal form are true.
- I/We have disclosed all matters which to my/our knowledge you should be aware of.
- In signing this form it does not bind the proposer to complete the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued.
- No insurance company has ever cancelled, declined or refused to renew or imposed special terms or cancelled any policy held by me/us.
- That I/We agree to accept the terms, exclusions, conditions and limitations of the Alliance Vehicle Insurance Policy.

Signature: .....

Date: .....