

NATIONAL INSURANCE CORPORATION OF TANZANIA LTD.

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CAR PROTECTOR PROPOSAL FORM

1. Proposer

- i) Full name of the proposer:
- ii) Full name of the registered owner:
- iii) Postal Address: Email
- iv) Physical address:
- v) Telephone
- vi) Precise Occupation
- vii) Address where vehicle is normally kept:
- viii) Marital Status (tick box) Married Single Widowed Divorced

2. DRIVER

- i) Do you wish driving limited to Yourself? Yourself and named driver(s)
Yourself and spouse only? Open driving

ii) If not open driving give the following particulars:-

- a) Name of the driver (s) 1. 2.
- b) Sex Male: Female: Male: Female:
- c) Age Years: Years: Years: Years:
- d) Driving Experience: Years: Years: Years: Years:

iii) Have you or any person who will drive:

- a) been involved in any vehicle accident or loss in the last five (5) years? YES NO
- b) been convicted of any motoring offence or is any prosecution pending? YES NO
- a) suffer from defective vision or hearing or from any physical infirmity? YES NO

. If YES, state name and type of defective:

3. PARTICULARS OF THE VEHICLE

Reg. no.	Chassis no & Engine no	Make	Body	Cubic capacity	Year of make	C/carrying or S/Capacity	Value of the vehicle

*** If secondhand or used state**

1) Date of purchase by you 2) Price paid

4. USE OF THE VEHICLE

State fully the purpose for which the vehicle(s) will be used (Tick box):

- i) Use for social domestic and pleasure purposes only.
- ii) Use for social domestic and pleasure purposes and insider’s profession or business purpose.
- iii) Use for social domestic and pleasure purposes and in connection with business.
- iv) Other.

If you tick “Other” box, please give full details here:

5. INEXPERIENCED DRIVERS

Do you hold a valid or provisional license VALID PROVISIONAL

How long have you been driving under such license YEARS

6. AREA OF USE

State fully the area where the vehicle(s) will be used or operate

7. ANTI – THEFT DEVICE

Is the vehicle permanently fitted with a multi-lock and/or burglary alarm? YES NO

If yes, state type of device.

8. NON STANDARD ACCESSORIES

Type of Accessory	Value
.....
.....
.....

9. CLAIM EXPERIENCE

Give records of accidents or losses in connection with motor vehicle(s) owned by you

YEAR	TOTAL NO OF ACC. OR LOSSES	DAMAGE TO PROPOSER'S VEHICLE		DAMAGE TO T/PARTY PROPERTY (IES)	
		NO.	AMOUNT	NO.	AMOUNT

DECLINATURE OF COVER:

- Have you:**
- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| i) ever had your proposal declined? | <input type="checkbox"/> | <input type="checkbox"/> |
| ii) been imposed with special condition? | <input type="checkbox"/> | <input type="checkbox"/> |
| iii) Been refused to renew or cancelled your policy? | <input type="checkbox"/> | <input type="checkbox"/> |
| iv) Been required to increase your premium? | <input type="checkbox"/> | <input type="checkbox"/> |

10. INSURANCE WITH OTHER COMPANIES

State if the vehicle(s) has/have has been insured with other companies: YES NO

Name of Company	Type of cover	Policy No.

11. COVER REQUIRED

Please indicate the cover you require

Comprehensive	<input type="checkbox"/>	Third party only:	<input type="checkbox"/>
Third Party Fire and Theft	<input type="checkbox"/>	Ordinance liabilities only:	<input type="checkbox"/>
Insurance Required: for	<input type="text"/>	from	<input type="text"/> to <input type="text"/>

12. Particulars of previous insurance covers with NIC or other insurance companies

.....

13. DRIVING OUTSIDE TANZANIA

If you want extension of cover to drive outside Tanzania please state

- i) Yes No
- ii) State the country.
- iii) Duration from to

14. EXTRA BENEFITS

If you wish to have extra benefits please indicate the benefit(s) and the limit you require.

- i) Personal Accident Cover
- ii) Special cover for windscreen.....
- iii) Third Party Property damage beyond Tshs. 6 million.
- iv) Extra towing charges
- v) Voluntary excess

DECLARATION

I declare that to the best of my knowledge and belief the answers given are true and all material information as explained has been disclosed. I agree that if any answer has been completed by any other person such person shall for that purpose be regarded as my agent and not the agent of the Insurers. I declare that this proposal is for insurance in the normal terms and conditions of the Insurer’s policy and shall be incorporated in and form part of the insurance contract.

Signature of Proposer Date

This insurance will not commence until the Insurers have indicate their acceptance of the proposal and a Cover note or certificate of insurance has been delivered.