

# NATIONAL INSURANCE CORPORATION OF TANZANIA LTD.

P.O. Box 9264, Dar es Salaam, TANZANIA.  
FAX: +255 (0)22 2113403

TEL: +255 (0)22 2113823/9  
e-MAIL: info-nic@nictanzania.com



## COMMERCIAL 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) Professional, Trade or Business
- 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
- Employed driver(s) only

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:



Type of Accessory

Value

.....  
.....

.....  
.....

**9. CLAIM EXPERIENCE**

State number of vehicles owned by you and accidents or losses in connection to your vehicle(s) for the past three years.

YEAR	NO. OF VEHICLES	TOTAL NO OF ACCIDENTS OR LOSSES	DAMAGE TO PROPOSER'S VEHICLE		DAMAGE TO THIRD PARTY PROPERTY (IES)	
			NO.	AMOUNT	NO.	AMOUNT

**10. HAS ANY COMPANY:**

**Yes**

**No**

- i) ever had your proposal declined? .....
- ii) been imposed with special condition? .....
- iii) been refused to renew or cancelled your policy? .....
- iv) been required to increase your premium? .....

**11. 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.
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

.....

**13. COVER REQUIRED**

Please indicate the cover you require

Comprehensive  Third party only:

Third party fire and theft  Ordinance liabilities only:

Insurance Required: for  from  to

**14. DRIVING OUTSIDE TANZANIA**

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

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

**15. EXTRA BENEFITS**

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

- i) Special cover for windscreen.....
- ii) Third Party Property damage beyond Tshs. 10. million. ....
- iii) Extra towing charges .....
- iv) 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 of proposal

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.