



# ሱሲ ኢንሹራንስ (ኢ.ማ) LUCY INSURANCE (S.C)

ዋና መሥሪያ ቤት - አዲስ አበባ  
Head Office – Addis Ababa

ስልክ 011-470 34 07/12  
Tel. 011- 470 44 10

ቅርንጫፍ  
Branch

የመ.ሣ.ቁ  
P.O.Box 7363

ፋክስ  
Fax 011-467 18 96

☎ \_\_\_\_\_

E-mail: lucyinsceo@ethionet.et

Website: \_\_\_\_\_

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## MOTOR INSURANCE PROPOSAL FORM

1) Name of Proposer \_\_\_\_\_

2) Address \_\_\_\_\_

a) Business Address:- Kefle Ketema \_\_\_\_\_ Woreda \_\_\_\_\_ Kebele \_\_\_\_\_ H.No. \_\_\_\_\_  
e-mail \_\_\_\_\_ Fax No. \_\_\_\_\_ P.O.Box \_\_\_\_\_ Tel. No. \_\_\_\_\_

b) Residential Address:- Kefle Ketema \_\_\_\_\_ Woreda \_\_\_\_\_ Kebele \_\_\_\_\_  
H.No. \_\_\_\_\_ P.O.Box \_\_\_\_\_ Tel. No. \_\_\_\_\_

3) PARTICULARS OF MOTOR VEHICLES TO BE INSURED

Plate No	Chassis No	Engine No	Make and Model of vehicle	Type of body	Horse Power or Cylinder Capacity	Year of Manufacture	Carrying Capacity		Proposer's present estimate of value
							Goods	Passengers Including Driver	

4) Please state cover required (Comprehensive, TP only or, other) \_\_\_\_\_

5) Drivers Covered: Insured only  Any driver

6) Is cover requested for extra fittings?

If yes, please give values

- |   |                     |
|---|---------------------|
| a) Radios, tape recorders and record players. | a) Value _____ Birr |
| b) Communication equipment                    | b) Value _____ Birr |
| c) Bull bar, carry boy, droppers extension    | c) Value _____ Birr |

7) a) Are you the owner of the vehicle(s) \_\_\_\_\_  
If not state name and address of owner \_\_\_\_\_

b) If acquired under a Hire Purchase Agreement State \_\_\_\_\_  
name and address of the party financially interested \_\_\_\_\_

8) Will the vehicle(s) be used solely for private purposes as described below? If not please state other uses.

**Private Purposes:** The term "Private Purposes" means social, domestic, pleasure, professional purposes or business calls of the Insured. The term "Private Purposes" does not include use for hiring, racing, pace making, speed testing, the carriage of goods in connection with any trade or business or use for any purpose in connection with the Motor Trade.

- |   |   |                                      |
|---|---|--------------------------------------|
| <input type="checkbox"/> Own goods  | <input type="checkbox"/> Public Transport | <input type="checkbox"/> Learner     |
| <input type="checkbox"/> General Cartage  | <input type="checkbox"/> Own Service      | <input type="checkbox"/> Taxi        |
| <input type="checkbox"/> Car Hire Tour operation                                  | <input type="checkbox"/> Motor Trade      | <input type="checkbox"/> Motor cycle |
| <input type="checkbox"/> Special vehicles (i.e. Construction, Agricultural, etc.) | <input type="checkbox"/> Three Wheeled    | <input type="checkbox"/> _____       |



- 9) a) How long have (i) you and (ii) any other person who will regularly drive, been driving? 13 (a) (i) \_\_\_\_\_  
 (ii) \_\_\_\_\_  
 b) Have (i) you and (ii) your driver been driving regularly for the past one year? Please state driver's license date and place of issue (b) (i) \_\_\_\_\_  
 (ii) \_\_\_\_\_
- 10) Do you or any other person, who to your knowledge will drive suffer from any physical infirmity or from defective vision or hearing? 14 \_\_\_\_\_
- 11) Have you or any other person, who to your knowledge will drive been convicted of any offence (but not have been rehabilitated) in connection with the driving of any motor vehicle? If so, give particulars 11 \_\_\_\_\_
- 12) Are you now or have you been insured in respect of any motor vehicles? If so, please state name of the insurer 12 \_\_\_\_\_
- 13) Has any Insurance Company ever  
 a) declined your proposal? 13 (a) \_\_\_\_\_  
 b) refused to renew your policy? (b) \_\_\_\_\_  
 c) cancelled your policy? (c) \_\_\_\_\_  
 d) required an increase of premium? (d) \_\_\_\_\_  
 e) imposed additional excess (e) \_\_\_\_\_  
 f) imposed special conditions? (f) \_\_\_\_\_
- 14) State what accidents that have occurred during the past three years in connection with vehicles owned or driven by you or your driver.

Date of Accident	Damage to Vehicles (Birr)	Claims by Third Parties	
		Personal Injury	Property Damage

- 15) Do you wish to insure your vehicle against the risks of Bandit, Shifta and Guerrilla (BSG) action? Yes  No
- 16) Are you entitled to a No Claim Bonus in respect of any of the vehicles described in this Proposal? If so, please produce certificate 16) \_\_\_\_\_

**DECLARATION:** I the undersigned declare that the vehicle(s) described is (are) in good condition and will continue to be so maintained and I hereby warrant that the above statement and particulars are correct and complete to the best of my knowledge and belief and I hereby agree that the declaration shall be deemed to be the basis of the contract between me and the Company and that I have not withheld any important information which should be communicated to the Company and that I am willing to accept a policy subject to the terms conditions and exceptions therein and to pay the premium agreed upon.

Date \_\_\_\_\_ Signature of Proposer \_\_\_\_\_

Branch \_\_\_\_\_ Underwriter \_\_\_\_\_