



MAYFAIR INSURANCE COMPANY ZAMBIA LIMITED MOTOR PROPOSAL FORM

Period of Insurance: From----- To-----

Scope of Cover: Comprehensive _____ Third Party Fire and Theft _____ Third Party only _____

State Third Party Liability Limit Required if Exceeding K15Million.....

Broker /Agent.....

DETAILS OF THE PROPOSER

Surname (MR/MRS/MS).....

Other Names..... Date of Birth.....

Occupation.....

Contact numbers-Land line..... Mobile..... Postal

Address.....

Physical Address.....

DETAILS OF THE VEHICLE (S)

Reg. No.	Make	Type of Body	Year of Make	Cubic Capacity	Estimated Value	Engine No.	Chassis No.

Is the Vehicle fitted with any Audio Equipment? If yes state Make, Serial Number & Value (If factory fitted please state this fact.)

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Is the vehicle under purchase or lease hire?

If yes please give details.....

Is the vehicle fitted with an alarm system or any other anti theft device?

If yes please give details..... Use of Vehicle: Social Domestic and Pleasure Purposes____ Carriage of Passengers for Hire or Reward ____ For carriage of Goods____ In connection with any motor trade____

DRIVING EXPERIENCE

How long have you held a valid driving license?

License number..... Date and place of issue.....

Classes covered.....

Have you had any claims in the last 3 years? YES/NO

If yes, please give details

Has any insurer ever declined to effect insurance or had any special terms or conditions been imposed by any insurer? YES/NO

If yes, please give details.....

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DETAILS OF ANY OTHER DRIVERS

Names

Age

Sex

Occupation

Driving experience

DECLARATION

I declare that the answers in this proposal are full and true and that I have not withheld any information that might tend in any way to increase the Corporations risk or to influence their decision regarding this proposal and I undertake to exercise all ordinary and reasonable precautions for the safety of the property proposed for insurance. I agree that this proposal and declaration shall be the basis of this contract between the Corporation and me and I agree to accept a policy subject to the usual conditions endorsed thereon and to pay the premium when called upon to do so.

Date _____ Signature _____