



# NICO General Insurance Company Limited

NICO HOUSE, P.O Box 2592, Blantyre; Tel: 01 822699; Fax: 01 822363; E-mail: nicogen@nicogeneral.com  
NICO CENTRE, P O Box 30421, Capital City, Lilongwe 3; Tel: 01 751366; Fax: 01 751365; E-mail: lnico@nicogeneral.com  
MPICO HOUSE, P.O. Box 226, Mzuzu; Tel: 01 334876; Fax: 01 334564  
www.nicogeneral.com

## MOTOR PRIVATE INSURANCE PROPOSAL FORM

Proposer's Name: \_\_\_\_\_

Physical & Postal Address: \_\_\_\_\_  
.....  
.....

Tel. No.:

Fax No.:

Mobile No.:

E-mail address: \_\_\_\_\_

Occupation, Business or Profession: \_\_\_\_\_

Kindly attach copy Registration books to this proposal

Make and Model	Version, CL GL, LS,XL GT etc	Mileage Specify Kilometres or Miles	Year of Make	Cubic Capacity	Reg. No.	Value

*Please tick appropriate box for the following questions:*

Is the value of the car based on duty free?

YES	NO
-----	----

If 'YES', what is its market value? \_\_\_\_\_

Is vehicle usually kept in a lock up garage overnight?

YES	NO
-----	----

If 'NO', state where kept and residential address. \_\_\_\_\_

Has the car been modified or altered from the maker's standard specification including any adaptation for disability?

YES	NO
-----	----

If 'YES', give details. \_\_\_\_\_

Are you the owner of the car?

YES	NO
-----	----

If 'YES', is it registered in your name?

YES	NO
-----	----

If the car is on hire purchase or loan, state the name of the Company/Lender? \_\_\_\_\_

Indicate type of insurance required by ticking the appropriate box below:

Comprehensive     Third Party Fire and Theft     Third Party only

If cover is Comprehensive, do you wish to pay the first portion of damage to your vehicle in return for a discount on your premium?

YES	NO
-----	----

If 'YES', indicate the amount: \_\_\_\_\_

**Note:** *These amounts are in addition to the standard policy term requiring the policyholder to pay the first portion of any claim.*

Indicate the use required by ticking the appropriate box below:

(i)  Use for social, domestic and pleasure purpose and use by you in connection with your business.

(ii)  Use for social, domestic and pleasure purpose and use for business purposes by any person other than yourself

If (ii), give details on the next page.

Full Name	Full details of occupation(s) including any part time work	Age	Driving Licence		
			No.	Date	Provisional / Full
Self					

State the name of the person who will be the main user of the car \_\_\_\_\_

Have you or has any other person who to your knowledge will drive \_\_\_\_\_

(a) been subject to disqualification or been convicted during the past 5 years of any offence in connection with any motor car or other motor vehicle or is any prosecution pending?

YES	NO
-----	----

If 'YES', give dates and full particulars .....

(b) suffered from (i) diabetes, epilepsy, heart conditions?

(i)	YES	NO
(ii)	YES	NO

(ii) any other disease or physical infirmity which could impair the ability to drive?

If yes to either (i) or (ii) above, give full particulars .....

Have you ever been insured in respect of the above or any other motor vehicle?

YES	NO
-----	----

If 'YES', state the name of the Company \_\_\_\_\_

Are you now insured in respect of the above vehicle?

YES	NO
-----	----

If 'YES', state the name of the Company \_\_\_\_\_

Has any insurance Company ever:

(a) Declined your proposal for insurance?

(a).	YES	NO
------	-----	----

(b) Required you to carry the first portion of any loss?

(b).	YES	NO
------	-----	----

(c) Required an increased premium or increased special conditions?

(c).	YES	NO
------	-----	----

(d) Refused to renew your policy?

(d).	YES	NO
------	-----	----

(e) Cancelled your policy?

(e).	YES	NO
------	-----	----

If any of the above answers is 'YES', please give details .....

Have you or any person who will drive the vehicle been involved in any accident with any motor vehicle?

YES	NO
-----	----

If 'YES', give details .....

.....

.....

.....

.....

.....

Have there been any claims in connection with any motor vehicle owned or driven by you?

YES	NO
-----	----

If 'YES', complete the schedule below.

Year	Total Number of		Cost of Damage to	
	Accident	Claims	Your vehicle(s) K	Others K
20.....				
20.....				
20.....				

Are you entitled to any no claim discount? \_\_\_\_\_ Yes/No

If 'YES', attach documentary evidence \_\_\_\_\_

Please tick the additional benefits you require as specified hereunder. (Note that these may attract a surcharge on annual premium)

(i) Personal accident benefits to:

(a) Yourself

(b) Passengers in your vehicle  If (b) State the number of passengers \_\_\_\_\_

(ii) Increased medical expenses.

(iii) Riot and strike cover

(iv) Increased Third Party Property Damage limit to:

(a)  K2,000,000 (b)  K3,000,000 (c)  K 4,000,000 (d)  K5,000,000

(v) Increased Third Party Loss of Use cover to:

(a)  K40,000 (b)  K50,000 (c)  K75,000 (d)  K100,000

**Note:** The policy only covers those items which are normally supplied with the vehicle at the time of sale by the authorised dealers as standard fittings for the respective vehicle in the market and does not include items bought and fitted by the owner at additional cost, e.g. tape recorder, special windscreen, etc. If cover is required for any optional item please state:

Make and Model	Serial Numbers	Date Purchased	Value (including all Ancillary parts)

**DECLARATION**

I/We hereby declare that the above statements and particulars are true and the vehicle(s) to be insured shall not be driven by any person who to my/our knowledge has been refused any motor vehicle insurance and I/we hereby agree that this Proposal and Declaration shall be the basis of the contract between me/us and the Company and I am/we are willing to accept a policy subject to the terms and conditions prescribed by the Company therein.

Date ..... Proposer's Signature .....

**Note:** No liability is undertaken by Nico General until this Proposal has been accepted by Nico General and the premium paid, except as provided by any official Covering Note issued.