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**ETHIOPIAN INSURANCE CORPORATION**

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HEAD OFFICE

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ADDIS ABABA

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**MOTOR INSURANCE PROPOSAL FORM**

- 1) Name of Proposer \_\_\_\_\_ Age \_\_\_\_\_
- 2) Address \_\_\_\_\_ P.O.Box \_\_\_\_\_ Tel. No. \_\_\_\_\_
- 3) Trade or Profession \_\_\_\_\_ Licence No. \_\_\_\_\_ Date of issue \_\_\_\_\_
- 4) Period of Insurance: From \_\_\_\_\_ To: \_\_\_\_\_

**5) PARTICULARS OF MOTOR VEHICLES TO BE INSURED**

Plate No.	Chassis No.	Engine No.	Make of Vehicle	Type of body	Hours Power or Cylinder Capacity	Year of Manufacture	Carrying Capacity		Year Purchased	Price paid by Proposer	Proposer's present estimate of value
							Goods	Passengers Including Driver			

6) Please state cover required by deleting the two types not required.

- (a) Comprehensive
- (b) Third Party only
- (c) Third Party, Fire and Theft

7) Is cover required for Radios, Taperecorders and Record Players (fitted to the vehicle(s)? If so state Make and Value): 7) \_\_\_\_\_

8) (a) Is the vehicle in a good state of repair? 8) (a) \_\_\_\_\_  
 (b) Is the vehicle usually left overnight? (b) \_\_\_\_\_  
     i) in garage? i) \_\_\_\_\_  
     ii) in the open but on your premises? ii) \_\_\_\_\_  
     iii) elsewhere? iii) \_\_\_\_\_

9) (a) Is (Are) the vehicle(s) your sole and absolute property? 9) (a) \_\_\_\_\_  
 If not state name and address of owner.  
 (b) if the vehicles are being acquired under a Hire Purchase Agreement, State name and address of Company financially interested. (b) \_\_\_\_\_

- 10) Will the vehicles be used solely for private purposes as described below? 10) \_\_\_\_\_  
 (a) If not, please state other uses. (a) \_\_\_\_\_

**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.

- 11) (a) How long have (i) you and (ii) any other person who will regularly drive, been driving? 11) (a) (i) \_\_\_\_\_  
 (ii) \_\_\_\_\_  
 (b) Have (i) you and (ii) your driver been driving regularly for the past four years? Please state driver’s licence and place of issue. (b) (i) \_\_\_\_\_  
 (ii) \_\_\_\_\_

- 12) Do you or any other person, who to your knowledge will drive suffer from any physical infirmity or from defective vision or hearing? 12) \_\_\_\_\_

- 13) Have you or any other person, who to your knowledge will drive been convicted of any offence in connection with the driving of any motor vehicle? If so, give particulars. 13) \_\_\_\_\_

- 14) Are you now or have been insured in respect of any motor vehicle? If so, please state name of Branch. 14) \_\_\_\_\_

- 15) Has any Corporations Branch ever 15) \_\_\_\_\_  
 (a) declined your proposal ? (a) \_\_\_\_\_  
 (b) refused to renew your policy? (b) \_\_\_\_\_  
 (c) cancelled your policy? (c) \_\_\_\_\_  
 (d) required an increase of premium? (d) \_\_\_\_\_  
 (e) required you to carry the first portion of any loss? (e) \_\_\_\_\_  
 (f) imposed special conditions? (f) \_\_\_\_\_

- 16) State what accidents have occurred during the past four years in connection with vehicles owned or driven by you or your driver.

16)

Damage to Vehicles	Claims by Third Parties	
	Personal Injury	Property Damage

- 17) Are you entitled to no claim bonus in respect of any of the vehicles described in this proposal? If so, please produce Certificate 17) \_\_\_\_\_

18) (a) Do you wish to insure for personal Accident Benefits? 18) (a) \_\_\_\_\_

(b) Have you held a Personal Accident Insurance with any other Branch. If so, which? (b) \_\_\_\_\_

19) Do you wish to insure your paid Driver and his assistance? 19) \_\_\_\_\_

N.B. It is recommended that the Proposer cover his/their liability at law as this cover may not be adequate.

20) Are Passengers to be insured against Personal Accident? 20) \_\_\_\_\_

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**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 true and I hereby agree that the declaration shall be deemed to be of promissory nature and effect and the basis of the contract between me and the Corporation and that I have not withheld any important information which should be communicated to the Corporation and that I am willing to accept a policy subject to terms conditions and exceptions therein and to pay the premium agreed upon.

Date \_\_\_\_\_ Signature of Proposer \_\_\_\_\_  
Branch \_\_\_\_\_ Underwriter \_\_\_\_\_