



# UNITED GENERAL INSURANCE COMPANY LTD

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## PROPOSAL FOR PRIVATE MOTOR CAR INSURANCE

*Please give a definite reply to every question, if you have ticked a shaded box, give full details.*

1. Full Name of Proposer ..... Tel No. ....
2. Age ..... Business/Profession or Occupation: .....
3. Postal Address: ..... Residential Address: .....
4. Period of Insurance From: ..... To .....

5. Particulars of motor cars (s) to be insured (where two or more vehicles are to be insured, kindly use additional sheet of paper.

Make of Car and Type of Body	Cubic Capacity	Year of Make	Registration Number	Maker's Numbers (Engine and Chassis)	Proposer's Estimate of Value	Purchase Price to Proposer	No of Seats

6. Particulars of motor car(s) to be insured (where two or more vehicles are to be insured, kindly use additional sheet of paper.

- (a)  Comprehensive
- (b)  Third Party, Fire and Theft
- (c)  Third Party only
- (d)  Policy limited to the cover required by the Road Traffic Act 1996 or any local replacing legislation relating to compulsory insurance of motor vehicle.

7. Have a car radio/cassette player/ CD player been installed in the car?

YES	NO
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If yes, furnish details and value

8. Has an alarm and immobilizer been installed in the car? If yes, provide an installation certificate

YES	NO
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9. Has the car been modified in a way to alter the performance or speed?  YES  NO

If yes, furnish details of modification .....

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10. Is the car being purchased under a Hire Purchase Agreement?  YES  NO

If yes, furnish details of Financiers. ....

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11. (a) Give details of Driver's Licence  
(i) Licence No. ....  
(ii) Date of Issue .....  
(iii) Place of Issue .....  
(iv) First Licence date of issue .....

(b) If an individual proposer, give length of time you ..... Years  
have been driving a motor vehicle ..... Months

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12. Will the car be used solely for social, domestic and pleasure purpose, including use by you for driving to and from permanent place of business?  YES  NO

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13. Will the car be allowed to be used for hire/reward  YES  NO

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14. Do you or any other person, who to your knowledge will drive suffer from any physical defect or infirmity?  YES  NO  
If yes, furnish details .....

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15. Have you or any other person who to your knowledge will drive, been convicted during the past five years for any driving offence?  YES  NO

If yes, furnish details .....

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16. Has any Insurer:

(a) cancelled your policy?

YES	NO
YES	NO
YES	NO
YES	NO

If yes, furnish details .....

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17. Have you previously held a Motor Insurance Policy?

YES  NO

If yes, state name of Insurer of Underwriter .....

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18. Are you entitled to a No Claim Bonus?

YES  NO

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19. Give record of Accident and Losses during the last three years in connection with every motor vehicle and motor cycle owned or driven by you and/or by any other person who will regularly drive the car(s) now proposed for insurance. All accidents whether resulting in a claim or not, must be included.

YEAR	TOTAL NUMBER OF VEHICLES OWNED	TOTAL NUMBER OF ACCIDENTS OR LOSSES	AMOUNT PAID	ESTIMATED AMOUNT OUTSTANDING	REMARKS
20.....					
20.....					
20.....					

**Declaration**

I/We desire to effect an insurance against risks as set forth above in terms of the policy used for this class of business and I/We warrant that the above statements and particulars are correct and complete. I/We hereby agree that this proposal and warranty shall be held to be promissory and be basis of the contract between me/us and the Company. I/We undertake that any vehicle to be insured shall not be driven by any person who to my/our knowledge has been refused any motor vehicle insurance or continuation thereof.

Dated at ..... this ..... day of ..... 19 .....

Proposer's Signature:

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The Company reserves the right to decline any Proposal.

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*The insurance will not be in force until the Proposal has been accepted by the Company and an official cover note has been issued.*

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# **SALIENT FEATURES OF MOTOR INSURANCE**

## **MOTOR (PRIVATE)**

### **1. Cover provided under the policy**

- (a) Act only: The cover is restricted to Third Party Liability for Property Damage and Third Party Bodily Injury Claims as required by the Motor Vehicle Act (does not cover vehicle of the Insured covered under the policy).
- (b) Third Party Cover: Provide cover against Third Party Liability for Bodily injury Claims and Property Damage up to K500 000-00 and loss of Use up to K10 000-00 (does not cover vehicle of the insured covered under the policy due to fire or theft of the vehicle).
- (c) Third Party, Fire and Theft: Provides cover against Third Party Liability as per (b) and provides limited cover for the vehicle of the Insured covered under the policy due to fire or theft of the vehicle.
- (d) Comprehensive Cover: Provides covered against the Third Party Liability Claims as per (b) and also accidental damage to the vehicle of the Insured covered under the policy.

### **2. Extensions to have complete insurance cover when the cover availed is comprehensive**

- (a) Riot and Strike Damage
- (b) Flood Storm Hurricane EARTHQUAKE damage
- (c) Hire or Reward; if the vehicle is used for hire/reward.

### **3. Important points to be noted while taking insurance**

- (a) The details of the vehicle should be given along with the current market value which shall be based on the prevailing value of the new vehicles less depreciation for the age/use/upkeep/maintenance.
- (b) During the currency of the policy if there is change in the value of the vehicle due to escalation in prices the sum insured to be revised.
- (c) Any pre-accident damages will be excluded from the purview of the cover
- (d) Insurance starts from the time when the cover is confirmed by the insurance company and a cover note is issued

- (e) To have cover against theft risk it is necessary to have
- (i) an approved alarm and immobiliser system installed
  - (ii) a certificate to that effect is provided to the insurance company
  - (iii) accepted by them
    - avoid under-insurance check the value periodically
    - provide complete indication details of the vehicle insured
    - seek additional extensions to have adequate cover
    - in case of a claim immediately contact your brokers/agents
    - if insured directly with us, contact our claims department.

HELP US TO SERVE YOU BETTER

**UNITED GENERAL INSURANCE**

*YOUR PREFERRED INSURER*