



# UNITED GENERAL INSURANCE COMPANY LTD

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## Protection Scheme (PAPS) Proposal form

The **PAPS** policy can only be issued in the name of an individual and not in a company name

**BROKER/AGENT** .....

**PROPOSER'S NAME** .....

**POSTAL ADDRESS** .....

**CONTACT NO.** Work..... Mobile..... Home ..... Fax .....

**EMAIL ADDRESS**.....

**OCCUPATION**.....

**PHYSICAL ADDRESS of your private residence:**.....

**SECTION 1.  
HOUSEHOLD/OWNERS**

**Do you require the Insurance?**

Y	N
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**PERSONAL LIABILITY**

**Automatically included with Household Goods Cover Limit K250,000**

**BUILDING  
(Private Dwelling House, outbuildings)**

**Do you require this insurance?**

Y	N
---	---

**CONSTRUCTION**

Is the roof of standard construction (Iron sheets, concrete?)

Y	N
---	---

Is the roof constructed of thatch?

Y	N
---	---

Are the main walls constructed of (tick)

Y	N
---	---

Brick, Stone or Concrete, Timber, Fiberglass, Asbestos?

**CONTENTS**

**Do you require the insurance?**

Y	N
---	---

All house contents and personal effects (excluding Items on All Risks cover under Section2

Sum Insured

K
---

**An inventory list may be necessary.**

**SECURITY**

Will the residence be left occupied for more than 30 days?

Y	N
Y	N

Are all opening windows burglar barred?

Y	N
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Is the residence protected with an Alarm System linked to a 24 hour Control room with armed response?

Y	N
---	---

If yes attach documentary proof from Service Provider

**Property Owners Liability cover** is automatically included. **Sum Insured:** Insured Building and Outbuildings for Replacement value

Residence	<input type="text" value="K"/>		
Fence/Gates	<input type="text" value="K"/>		
Swimming Pool	<input type="text" value="K"/>	<b>Total</b>	<input type="text" value="K"/>

**SECTION 2.  
ALL RISKS**

**Do you require this Insurance?**

Y	N
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GENERAL ALL RISKS: Property normally carried or worn on the person

SPECIFIED ALL RISKS: Car Radio/Tape player/CD players, Bicycles, Cellular phones, Jewellery, Musical Equipments TV's Cameras must be specified regardless of value.

1.	<input type="text"/>	<input type="text" value="K"/>
2.	<input type="text"/>	<input type="text" value="K"/>
3.	<input type="text"/>	<input type="text" value="K"/>
4.	<input type="text"/>	<input type="text" value="K"/>

Do you require cover for Money (K5 000 sum insured)

Y	N
---	---

**SECTION 3.  
PERSONAL LIABILITY**

**Do you require this insurance?**

Y	N
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Indicate the Limit of Indemnity required      Up to K 2,000,000      Up to K 5,000,000

Note: Household Goods, Building, Motor or pleasure Craft must be insured for this cover to operate.

**SECTION 4.  
MOTOR VEHICLES**

Must be completed if cover is required for Motor Car, Motor Cycle or Trailer/Caravan Vehicles. A copy of the **Licence/Blue Book** must be attached.

Does the driver or any person who may drive the vehicle:  
Suffer from defective vision, hearing or from any physical or mental  
Infirmity 

Y	N
---	---

If Yes, provide details

Have you been convicted or paid an admission of guilt fine for a driving offence in the past 3 years or is there any prosecution pending? 

Y	N
---	---

If Yes, provide details

**MOTOR CAR** **Do you require this insurance?**

Y	N
---	---

Registration Number

Make and Model

Year of Manufacture

Engine Number

Chassis Number

Proposer's Estimate of value

Has the vehicle been modified to alter the performance level 

Y	N
---	---

If yes provide details

- Cover required** (tick box)
- (a) Comprehensive
  - (b) Third Party Fire & Theft
  - (c) Third Party only

- Class of Use**
- (a) Domestic & Business (to & from work)
  - (b) Carriage of own goods

Are you entitled to a no-claim bonus or claim free Discount? 

Y	N
---	---

If yes attach proof.

Is the vehicle subject to a credit or similar agreement? 

Y	N
---	---

If Yes, state Bank and Account Number

**MOTOR CYCLE**

Do you require this insurance?

Y	N
---	---

Make and Model  Year of Manufacture

Engine Number  Chassis Number

Proposer's Estimate of value:

Has the vehicle been modified to alter the performance level? 

Y	N
---	---

If yes, provide details:

**Cover required: Comprehensive /Third Fire and Theft/ Third party only and Class of use: Domestic (to & from work) Domestic & Business**

Is the vehicle a 2 wheel cycle ? 

Y	N
---	---

If No, provide details

Are you entitled to a no-claim bonus or claim free group? 

Y	N
---	---

Is the vehicle subject to a credit or similar agreement? 

Y	N
---	---

If Yes, state Bank and Account Number

**TRAILER/CARAVAN**

Do you require this insurance?

Y	N
---	---

Proposer's Estimate of value 

K
---

 Registration Number

Make and Model  Year of Manufacture

Chassis Number

**SECTION 5.**

**PERSONAL ACCIDENT SECTION**

Do you require this insurance?

Y	N
---	---

Persons to be insured:

Name & (s)

Date of Birth

Occupation

**Benefits Required**

Death (Compulsory Benefit)  
Maximum benefit K 5,000,000 

K
---

Temporary Total Disablement 

K	per week
---	----------

Medical Expenses 

K
---

Has any person to be insured suffered from defective vision or hearing or from any physical or mental infirmity

Y	N
---	---

If Yes, provide details

**SECTION 6.  
PLEASURE CRAFT**

Do you require this insurance?

Y	N
---	---

Name of vessel

and Model

Type of vessel

**Engines**

**Hull**

Sum Insured K..... Sum Insured.....

Number of engines.....Year of Manufacture..... Material of hull.....

Engine Make..... Year of Manufacture.....

Type of Engine **Inboard / Outboard**

Serial/HIN Number.....

Serial number of engines (s)..... Is the vessel self built?

Y	N
---	---

**Hulls up to 4 years old are covered for Replacement**

value

**ACCESSORIES/SPECIAL EQUIPMENT**

Serial numbers for all Global Positioning Systems (GPS) and Two Way Radio Systems including all Electronic Equipment must be supplied

ITEM NO	DESCRIPTION	SERIAL NO.	SUM INSURED

**TOTAL SUM INSURED:**

**K**

**Hull, Engine and Accessories**

State the address where the vessel is normally kept

In what waters will the vessel be used?

**Inland / Coastal**

Have you had any accidents or losses in connection with any vessel you have sailed or own

Y	N
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If Yes, provide details:



- (c) PW/SW/LW
- (ii) Cart (non-motorised)**
- (iv) Other Accessories**

Do you want cover Third Party Liability

- (a) If yes, state the Limit of Liability of Indemnity for any one accident: K .....
- (b) State the Limit of indemnity for any one period of Insurance: K.....

Do you suffer from any illness or disease or any physical defect disorder or weakness of any kind?

If yes, give details.....

Has any company in respect of any of the risks to which this proposal applies, declined, deferred Or accepted on special terms any proposal or renewal?

If yes, furnish particular .....

(a) Do you ordinarily enjoy good health?

If no, give particulars .....

(b) Are you now and have you been uniformly of sober and temperate habits.

.....

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I AGREE THAT this proposal shall be the basis of the contract between the insurer and myself.

I WILL ACCEPT the insurer's standard PAPS policy.

I UNDERSTAND THAT this insurance will not commence until this proposal has been accepted by the insurer.

I warrant that the answers given are true, and I do not know of any material facts even though specific questions about them have not been asked, that should be communicated to **United General Insurance Company Limited (the Insurer)**

**Signature**

**Date:**