



# Prime Insurance Company Limited

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## Proposal Form for Motor Cycles

NOTE: PLEASE GIVE DEFINITE ANSWER TO EACH QUESTION. TICKS OR DASHES ARE NOT ACCEPTABLE

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Tel. No. \_\_\_\_\_

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

(Please attach copy registration books)

Make and Model	Version GL,XL	Mileage      Specify Kilometres or Miles	Year of make	CC	Registration Number	Value

Is the value duty free? \_\_\_\_\_

If yes, what is its market value? \_\_\_\_\_

Has the motor cycle been modified from the makers standard specification including any adaptation for disability? \_\_\_\_\_ Yes/No

If yes, give details \_\_\_\_\_

Are you the owner of the motor cycle? \_\_\_\_\_ Yes/No

If yes, is it registered in your name? \_\_\_\_\_ Yes/No

Is the motor cycle on hire purchase or loan? \_\_\_\_\_ Yes/No

If yes, state the name of the Company/Lender \_\_\_\_\_ Yes/No

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Indicate type of insurance required by ticking the appropriate box below

Comprehensive       Third Party Fire and Theft       Third Party

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 (policy excess).*

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Indicate the use required by ticking the appropriate box below:-

- (a)  Use for social, domestic and pleasure purpose and use by you in connection with your business
- (b)  Use by any other person for his social, domestic and business purposes.
- (c)  Use for carriage of goods or samples for trade purposes.

If the use is other than (a), (b) and (c) above, please give details \_\_\_\_\_

\_\_\_\_\_

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Give the following information about any person who may drive including yourself

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

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

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

- (a) During the past 5 years (including current year) been subject to disqualification or been convicted during that period of any offence in connection with any motor cycles or is any prosecution pending? \_\_\_\_\_ Yes/No

If yes, give dates and full particulars \_\_\_\_\_

\_\_\_\_\_

- (b) Suffer from: (i) Diabetes, epilepsy or heart condition? \_\_\_\_\_ Yes/No

- (ii) Any other disease or physical infirmity which could impair the ability to drive? \_\_\_\_\_ Yes/No

If yes to either (i) or (ii) above, please give full details \_\_\_\_\_

\_\_\_\_\_

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Is motor cycle kept in a lock up garage? \_\_\_\_\_ Yes/No

If no, state where kept and residential address \_\_\_\_\_

Will the motor cycle be left unattended? \_\_\_\_\_ Yes/No

If yes, what precaution will be taken for its safety \_\_\_\_\_

\_\_\_\_\_

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Have you ever been insured in respect of the above motor cycle or any other motor vehicle? \_\_\_\_\_ Yes/No

If yes, state the name of the Company \_\_\_\_\_

Are you now insured in respect of the above motor cycle or any other motor vehicle? \_\_\_\_\_ Yes/No

Has any insurance company ever:-

- (a) Declined your proposal for insurance? \_\_\_\_\_ Yes/No

- (b) Required you to carry the first portion of any loss? \_\_\_\_\_ Yes/No

- (c) Required an increase premium or increased special conditions? \_\_\_\_\_ Yes/No

- (d) Refused to renew your policy? \_\_\_\_\_ Yes/No

If any of the above answers are in the affirmative, please give details \_\_\_\_\_

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Have you or any person who will drive the motor cycle involved in any accident with any motor vehicle? \_\_\_\_\_ Yes/No

If yes, give details \_\_\_\_\_  
\_\_\_\_\_

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Have there been any claims made by you or against you in connection with any motor vehicle owned or driven by you? \_\_\_\_\_ Yes/No

If yes, complete the schedule below:-

YEAR	CLAIMS BY YOU		CLAIMS AGAINST YOU	
	NUMBER OF CLAIMS	AMOUNT	NUMBER OF CLAIMS	AMOUNT
20.....				
20.....				
20.....				
<b>TOTAL</b>				

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

**IF YES, ATTACH DOCUMENTARY EVIDENCE**

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Do you want to take of the following additional benefits at an additional premium? \_\_\_\_\_ Yes/No

If yes, tick below the benefits required

- (i) Personal accidents to yourself
- (ii) Increased third party property damage to K200, 000.00
- (iii) Riot and strike covers

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**Note: The policy only covers those items which are normally supplied with the motor cycle at the time of sale by the authorised dealers as standard fittings for the respective motor cycle in the market and does not include items bought and fitted by the owner at additional cost, e.g. radio, tape recorder, speedometer windscreen, etc.**

If cover is required for any optional item please state:-

<b>Make and Model</b>	<b>Serial Numbers</b>	<b>Date Purchased</b>	<b>Value (including all Ancillary parts)</b>

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I/we hereby declare that the above statements and particulars are true and the motor cycle (s) to be insured shall not 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**

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**Note:-** No liability is undertaken by the Company until this Proposal has been accepted by the Company and the Premium paid except as provided by an official covering note issued by the Company.

*We Care and Share In Times of Need*