



SIC INSURANCE COMPANY LIMITED

P.O. Box 2363, Accra Ghana
 HEAD OFFICE: NYEMITEI HOUSE 28/29 Ring Road East. Tel (030) 2-280600-9 Fax (030) 2-780615
 Ring Road West: (030) 2-228926/ 228922/228962/228987/ 230041-2, Fax (030) 228970/ 224218
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PROPOSAL FORM COMMERCIAL VEHICLES ONLY

1. Name of Proposer:
2. Address:
3. E-mail Address: Phone No.:..... Fax No.:.....
4. Occupation/Business:.....
5. Nationality (If not Ghanaian):

Reg. No	Make of Vehicle	Cubic Capacity	Yr. Of Manuf.	Total Seating Capacity	Type of Body	Is the Vehicle new or used	Sound System	Other Accessories	Trailer (If any)	Sum Insured

Engine Number: Chassis No:

6. Give full particulars of all purposes for which vehicle will be used:
- 7a. Maximum number of trailers attached to the vehicle at any time:
- 7b. Maker's maximum carrying of each trailer:
8. Is vehicle(s) used for Carriage of Goods?
9. Do you undertake cartage for other persons?
10. Has the vehicle been altered or adapted in any way?
11. If any passengers are carried; are they for hire or reward?
12. Are passengers carried incidental to a contract for conveyance of goods or merchandise?
13. Is the car subject to a loan? Yes No If Yes give particulars of credit.....

14. Are you now or have you been insured in respect of any Motor Vehicle?

If so, please state name of Company.....

15. Has any Company ever

- (a) Declined your proposal?
- (b) Required an increased premium or imposed special conditions?
- (c) Refused to renew your policy?
- (d) Cancelled your policy?

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

- (a) Any physical defect or infirmity?
- (b) Defective vision or hearing?

17. Are you entitled to "No Claim Discount" from your previous Insurers in respect of any of the vehicle(s) described in this proposal?

If so, please attach renewal notice. **"No Claim Discount" will not be allowed unless the notice is attached.**

18. Give particulars of accidents or losses during last (3) years in connection with this or any other Motor Vehicles or Cycle (s) owned or driven by you.

Year	Total No. Of Vehicles or Cycles owned by Proposer	Total No. Of Accidents and or Losses		Damage to Proposer's Vehicle or Cycles		Third Party		Others	
				No.	Amount	No.	Amount	No.	Amount
			Paid						
			Outstanding						
			Paid						
			Outstanding						
			Paid						
			Outstanding						

19. Please Tick the Policy/ Cover Required

Comprehensive

Third Party (Fire & Theft)

Third Party Only

DECLARATION

I/ WE hereby declare the truth and correctness of the above statements and particulars and agree that this proposal and declaration shall be held to be promissory and the basis of the contract between me/us and the Company. And I/ WE undertake that the vehicle or vehicles to be insured shall not be driven by any person who to my knowledge has been refused any Motor Vehicle or Motor Cycle Insurance or continuance thereof or has been asked to pay an increased premium or the first portion of loss, or to accept other special conditions.

Insurance to commence on..... To.....

Proposer's Signature..... Date: Agent No.....

No liability is undertaken until the proposal is accepted by the company and premium paid