



# SACOS INSURANCE COMPANY LTD

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YOU SHOULD FULLY AND FAITHFULLY  
GIVE THE FACTS YOU KNOW OR OUGHT  
TO KNOW, OTHERWISE YOU MAY  
RECEIVE NOTHING FROM THIS POLICY

## PROPOSAL FORM FOR COMMERCIAL VEHICLE INSURANCE

All questions must be answered fully. Delete Yes or No and give details where required.

CHECK LIST  
(for official use)

### A. DETAILS OF PROPOSER AND DRIVERS

#### 1. Proposer

(a) Full name: \_\_\_\_\_  
(Block Letters)

(b) Address: \_\_\_\_\_ (c) Telephone No.: Home: \_\_\_\_\_  
(Block Letters) Office: \_\_\_\_\_

(d) Age: \_\_\_\_\_ (e) Occupation: \_\_\_\_\_

(f) Recent Motor vehicle Driving Experience: \_\_\_\_\_

(g) Type of Licence held and date of expiry: \_\_\_\_\_

(h) Road Licence number and date of expiry: \_\_\_\_\_

(i) Has any person or firm any financial interest in the vehicle?

\_\_\_\_\_

If yes, please state name and address: \_\_\_\_\_

Give details of all persons who to your knowledge will drive the motor vehicle.

Please continue on separate sheet if necessary.

Full Name	Age	Occupation	Recent Motor vehicle Driving Experience	Type of Licence held and date of expiry
1.				
2.				
3.				

### 3. Driving History

If yes, give details for A, (i), (ii), (iii)

(A) Have you or to your knowledge any of the above Drivers	Yes/No	If yes, give details for A, (i), (ii), (iii)		
		Name of Driver	Date	Circumstances of accidents or loss, Conviction or prosecution
(i) Had any accident or loss during the past 5 years	Yes/No			
(ii) Had any conviction in the past 5 years	Yes/No			
(iii) Any prosecution pending for any offence in Connection with a Motor Vehicle	Yes/No			

### 4. Insurance History

- Name of your last insurance company: \_\_\_\_\_
- How long were you Insured with them? \_\_\_\_\_
- Do you own any other vehicle/s? \_\_\_\_\_. If yes, is it/are they insured with the Company? \_\_\_\_\_
- Are you entitled to a no claim bonus? \_\_\_\_\_. If yes, proof of entitlement should be produced.
- Have you or to your knowledge any of the above driver/s been refused insurance at normal rates or terms during the past 5 years? \_\_\_\_\_  
If yes, give details? \_\_\_\_\_

## 5. Health History

Do you or to your knowledge does any of the above drivers have illness that might affect their driving? \_\_\_\_\_ If yes, give details

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## 6. Details of Vehicle

Year of Make	Make and Model	Engine Capacity	Registration Number	Engine Number	Chassis Number	Seating Capacity	Date of Purchase	Purchase Price	Cost when new if known	Est. Present Value	Est. Cost Of Accsories

### IMPORTANT

1. If the Insured value is more than the purchase price of the vehicle, you have to support the Valuation with receipts.
2. The Company reserves the right to request a valuation of the vehicle with an independence valuer.
3. You should insure for the current value of your vehicle in its present state and each year you should revise as the value in event of a claim will be based on the insured value.
4. Has the vehicle been modified from the maker's specifications to give an increased performance?  
\_\_\_\_\_ If yes, give details \_\_\_\_\_  
\_\_\_\_\_

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## 7. Use

- (a) Will the vehicle be used for the carriage of
  - (i) Own goods
  - (ii) General Cartage
  - (iii) Special Type
- (b) Will the vehicle be used for hire or reward?
- (c) Will the vehicle be used for the carriage of Passengers?

In case of Pick-ups, will passengers other than children be carried at the rear end. If yes please state No. \_\_\_\_\_ (this involves an additional premium) Cover for children is not available.

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**8. Details of Risk**

Type of Cover

What type of cover is required. (Delete what is not required) Comprehensive/  
Third Party Fire and Theft / Third Party Only.

If comprehensive do you wish to take

- |                              |          |                           |
|------------------------------|----------|---------------------------|
| (i) Personal accident cover? | YES / NO |                           |
| (ii) Personal effects cover? | YES / NO |                           |
| (iii) Windscreen cover?      | YES / NO | If Yes, state limit _____ |
| (iv) Loss of use cover?      | YES / NO | If Yes, state limit _____ |

**NOTE:** The above additional covers involve an additional premium.

**IMPORTANT:** Your insurance may be subject to certain excesses. Please ask for details.

**9. Period of Insurance**

From \_\_\_\_\_ To \_\_\_\_\_

**DECLARATION**

I/We warrant that the above statements made by me/us on my/our behalf are true and complete and that nothing materially affecting the risk has been concealed by me/us. I/We undertake that the motor vehicle to be insured will not be driven by any person who to my/our knowledge has been refused motor vehicle insurance or continuance thereof and declare that the motor vehicle is in a sound and roadworthy condition. I/We agree that the proposal and this declaration be incorporated in and made the basis of the proposed contract of insurance between the Company and me/us.

IF ANY ANSWER HAS BEEN WRITTEN BY ANY OTHER PERSON, SUCH PERSON SHALL FOR THAT PURPOSE BE DEEMED TO BE MY/OUR AGENT.

Date: ..... Time: ..... Signature: .....