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MOTOR PRIVATE PROPOSAL FORM

First Name/s		Surname	
Date of Birth		Gender	
ID Number		Cell Phone Number/s	
Email Address		Marital Status	
D/L Number		Date of Issue	
		Place of Issue	
Home Address			
Period Of Cover	From	To	Renewable

DETAILS OF THE VEHICLE(S) TO BE INSURED

Vehicle Make	Vehicle Model	Year of Manufacture	Registration Number	Engine Number/ Chassis No.	Estimate of Present Value incl. Accessories	Insurance Type (FTPFT /Comprehensive)	Details of accessories if any (eg Radios)

Provide details of any other people who may drive your vehicle other than yourself and spouse

Full Name	Sex	Date Of Birth	License number	Date of Issue	Classes	Driving Experience (Give details of losses incurred)
		(DD/MM/YY)		(DD/MM/YY)		
		(DD/MM/YY)		(DD/MM/YY)		
		(DD/MM/YY)		(DD/MM/YY)		
		(DD/MM/YY)		(DD/MM/YY)		

1. Have any of the above listed drivers:

(Tick Applicable)

a) been involved in an accident, loss or claim in the past 3 years or license suspended?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Provide details if "YES"
b) been declined motor insurance, had a motor policy cancelled or extra terms imposed for any reason?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	_____
c) any conviction for careless, reckless driving, driving under influence of alcohol in the past 2 years?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	_____

3. Have any of the above listed drivers listed suffering from any physical, defective vision or hearing or mental infirmity that may affect his/her ability to drive? No Yes _____

2. Will the car be driven frequently by a driver who is under the age of 30 years and/or less than 5 years driving experience? No Yes _____

3. Usage of the vehicle

4. Previous Insurance Company _____ Policy Number _____

I/We agree that this proposal shall be the basis of the contract between me/us and AFC Insurance Company. I/We declare that the statements made in this proposal are true and correct to the best of my/our knowledge and belief and I/we agree to accept and abide by the AFC Insurance Company's form of policy for the risks now proposed.

Signature of Proposer _____ Date ____/____/____ Time ____AM/PM

Signature of Agent/ Underwriter _____ Date ____/____/____ Time ____AM/PM

The Future Today