



## **GOODS IN TRANSIT PROPOSAL FORM**

This proposal must be completed and signed by the proposer. All questions must be answered in full. Please use block letters or tick as appropriate.

Agency Name: \_\_\_\_\_ Account Number \_\_\_\_\_

### **A. PARTICULARS OF PROPOSER**

#### **1. Individual Applicants:**

Name of Proposer: \_\_\_\_\_ ID No. \_\_\_\_\_

#### **2. Corporate Applicants:**

Name/s \_\_\_\_\_

Contact Persons \_\_\_\_\_

#### **3. Postal Address:**

P. O Box \_\_\_\_\_ Postal Code \_\_\_\_\_ Town \_\_\_\_\_

Telephone Number/s \_\_\_\_\_ Mobile No. \_\_\_\_\_

Fax Number \_\_\_\_\_ Email Address \_\_\_\_\_

4. PIN Certificate Number (Please attach a copy)

\_\_\_\_\_

5. Period of Insurance : From: .....To.....(both dates inclusive)

### **B. OCCUPATION/BUSINESS**

1. State your occupation/trade/business \_\_\_\_\_

2. Description of property: \_\_\_\_\_

3. Mode of conveyance : \_\_\_\_\_

4. Territorial limits : \_\_\_\_\_

5. If cover is required on specified vehicles, please complete the schedule below;



Vehicles				Trailers			
Make & Description of Trailer	Reg. Number	Carrying capacity (tonnage)	Sum Insured	Make & Description of Trailer	Reg. Number	Carrying capacity (tonnage)	Sum Insured

#### C. LIMIT OF LIABILITY

1. a) In respect of any one consignment: TZS \_\_\_\_\_

b) In respect of any one Period of insurance: TZS \_\_\_\_\_

2. State your Estimated Annual Carry TZS \_\_\_\_\_

#### D. INSURANCE/LOSS HISTORY

1. Are you now or have you been insured for this type of Insurance?

Yes/No If Yes, please give name of Insurer and Policy No.

\_\_\_\_\_

2. Have you ever suffered a loss in connection of the insurance now proposed? Yes/No

If Yes, please give details of loss(es) in the last three years

Year/s \_\_\_\_

Cause of loss \_\_\_\_

Brief details of each loss \_\_\_\_\_

Amount paid \_\_\_\_

3. What precautions do you now engage to avoid recurrence of such claim/s?

\_\_\_\_\_

4. Has any Insurance Company ever;

- |                                   |        |
|-----------------------------------|--------|
| a) Cancelled your Policy?         | YES/NO |
| b) Declined to insure you?        | YES/NO |
| c) Declined to renew your Policy? | YES/NO |
| d) Imposed any special terms?     | YES/NO |
| e) Declined any claim?            | YES/NO |

If the answer for any of the above reasons is 'YES'. Please give details.

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#### Declaration

I/We hereby declare that the above answers are true to the best of my/our knowledge and belief and that I/We have not withheld any material information whatsoever regarding the proposal. I/We agree that this declaration and the answers given above shall be the basis of the

contract between Me/Us and GA Insurance Tanzania Limited

Name of Proposer \_\_\_\_\_

Signature \_\_ Date \_\_\_\_\_

The liability of the Company does not commence until the proposal has been received and accepted and the premium paid to the Company









