

Enterprise Commercial Vehicle Insurance Proposal Form

Please give a definite answer to each question - ticks or dashes are NOT sufficient. The proposal should be answered in the proposer's own handwriting. If this is not possible the attached declaration by the proposer's legal advisor must be completed.

1. Name of Proposer

2. Date of Birth

3. Address

4. Business or Occupation

5. Telephone

6. Fax

7. Mobile

8. Email

9. Details of Vehicle(s) to be Insured

Make of Motor Vehicle		
Type of Body		
Cubic Capacity of Engine		
Year of Manufacture		
Seating capacity including Driver		
Carrying capacity (i.e. Weight of load)		
Left or Right Hand Drive		
Registration Number		
Engine or Chasis Number		
Date of Purchase and Price Paid		
Proposer's Estimate of Present Value		

10. Is the vehicle(s) at present in a thorough state of repair?

11. Has the Vehicle(s) been altered or adapted from the original manufacturer's design in any way?

Yes

No

12. Is the vehicle(s) used or licensed for:

a. The carriage of fare paying passengers?
If so please complete separate proposal.

Yes

No

b. The carriage of your own goods only?
If so, state all types of goods

Yes

No

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c. The carriage of other person's goods? Yes No
If so, state all types of goods

c. Use in connection with the motor trade? Yes No
If so, please give details

13. a. Are you the owner of the Vehicle? Yes No

b. Is it registered in your name? Yes No

c. If not state name and address of owner.

d. Did you obtain a loan to purchase the Vehicle? Yes No

e. If so, please state name and address of person/hire company from who the loan was obtained.

14. Will the Vehicle(s) **AT ANY TIME** be driven by:

a. Any person with less than two years continuous driving experience on this type of vehicle(s)?

b. Any person who has held a **FULL** driving license for less than two years?

c. Any person under 25 years of age?

d. Any person who has ever been charged with or convicted of any motoring or driving offence?

e. Any person with defective vision or hearing or with any other physical infirmity?

15. a. Have there been accidents or losses occurring during the past three years in connection with any motor owned by you or driven by you or on your behalf?

b. If so please give details:

Name of Driver	Date of Accident	Vehicle Number	Name of Insurance Company	Detail of any Claim Payment

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16. Have you ever held a motor insurance policy or ever proposed to an insurance company for motor insurance?

Yes

No

If so please give name of each insurance company, policy number and period of cover.

17. Has any insurance company ever, in connection with any vehicle:

a. Declined your proposal?

Yes

No

b. Required you to carry the rest portion of any loss?

Yes

No

c. Required an increased premium or imposed special conditions?

Yes

No

d. Refused to renew your policy?

Yes

No

e. Cancelled your policy?

Yes

No

18. Do you wish to insure under

a. Comprehensive Policy

b. Third Party Fire & Theft

c. Third Party

Declaration

I/We warrant that the above statements and Particulars are true and I/We hereby agree that this Declaration shall be held to be promissory and of continuing effect and shall form the basis of and be deemed to be incorporated in the Contract between me/us and the **ENTERPRISE INSURANCE** and I/We are willing to accept a policy subject to the Terms prescribed by the Company therein, and so pay the premiums therein.

Date

Signature of Proposer

Agency

Contact Details

Head Office

Enterprise House, High Street
P.O. Box GP50, Accra, Ghana
T: 0302 666847-9/666856-8
F: 0302 677677
E: customerservice.insurance@enterprisegroup.com.gh
www.enterprisegroup.com.gh

Odorkor Office

1st Floor, Obrapa House
Kaneshie-Malam Motorway, Accra
T: 0302 320292-3
F: 0302 320293
E: odorkor.insurance@enterprisegroup.com.gh

Airport Office

No. 47 Patrice Lumumba Street
Airport Residential Area, Accra
T: 0302 764030/769710 & 4
F: 0302 764020
E: airport.insurance@enterprisegroup.com.gh

Tema Office

1st Floor Meridian Plaza
Community 1, Tema
P.O. Box CO 863, Tema
T: 0302 211466/7
F: 0302 211467
E: tema.insurance@enterprisegroup.com.gh

Kumasi Office

Pentecost House, Asokwa
P.O. Box 1000, Adum, Kumasi
T: 03220 33117
E: kumasi.insurance@enterprisegroup.com.gh

Takoradi Office

2nd Floor, SSNIT House
P.O. Box 500, Takoradi
T: 03120 21653
F: 03120 21653
E: takoradi.insurance@enterprisegroup.com.gh

Achimota Office

Gorund Floor, MAK-GOERS House
Plot No. 209, Achimota (Nsawam Rd)
T: 0312 291971

Weija Office

HOP No. A&/20-21 Gicel
Vehicle Valuation Centre
T: 0302 972860

Spintex Office

1st Floor, Takyi Plaza
Plot No. 40 Accra (Near Papaye Fast Food)
T: 0312 291972

Tamale Office

Hse No NR 5, Hospital Road
P.O. Box 895, Tamale
T: 03720 22362
F: 03720 22362
E: tamale.insurance@enterprisegroup.com.gh

Kumasi 2 Office

Former Internal Revenue Building
Opp. Shell Filling Station, Mbrom
T: 024 463 1560/027 761 0337

Koforidua Office

1st Floor, Construction House
Opp. SSNIT Regional Office
T: 0342 196684

