



NICOZ DIAMOND
 NICOZ DIAMOND INSURANCE LIMITED
 Short term Insurance, Long term benefits

Head Office, Insurance Centre, 30 Samora Machel Avenue, P.O. Box 1256, Harare, Zimbabwe
 Tel: 263-4-701133, 704911-4, 700346, Fax: 263-4-704134, 700083

PRIVATE MOTOR PROPOSAL FORM

1) **GENERAL**

- (a) Full name of proposer
- (b) Date of birth (c) Occupation.....
- (d) Postal Address.....
- (e) Business Tel No.....Mobile no.....Email address.....
- (f) Bank _____ Branch: _____ Account no. _____
- (g) Period of insurance from to.....

2) **DETAILS OF PROPOSER**

- a) Are you fully licensed for this class of vehicleIF YES, State the CLASS.....
- b) Date when licensed
- c) What is the use of the vehicle.....
- d) If it is a Public Service Vehicle (PSV) or red plate, do you have PSV Requirements
- e) If YES, provide the expiry date of the requirements:
 - Defensive:
 - Retest:
 - Medical Tests:

3) **Details of any accidents, losses or claims during the past 3 years**

Month/Date of loss	Amount Paid/outstanding	Month/Date of loss	Amount Paid/outstanding

4) **VEHICLE DETAILS**

Make/Model	Reg. No.	Year of make	Estimated Value	Name Accessories	Value of Accessories

5. Provide any other material information that could be helpful in understanding your vehicle and it's driver (s)

6. Where will the vehicle be kept overnight?.....

USD INSURANCE PREMIUM PAYMENT - SOURCE OF FUNDS DECLARATION

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DECLARATION:

I/We hereby declare that the above particulars and statements are true, correct and complete and contain all information known to me/us affecting the risk to be insured, and that this and any other written statement made by me/us or on my/our behalf for the purpose of insurance shall be the basis of and incorporated in the contract between me/us NicozDiamond, (hereinafter called the Company) shall be promissory

I/We further agree to accept insurance on terms and conditions set forth in the Company's policy, and particularly undertake to notify the company immediately of any alteration in the risk. We further agree that liability shall attach to the Company from the date of receipt of the premium payment.

Date Proposer's Signature

Agent Agency No

For Official use only:

Certificate of Insurance Number.....

Type of cover

Annual Premium \$..... Premium paid \$.....

ZTSL \$..... \$

Stamp Duty \$ \$

Total \$..... \$.....

Checked by:

Signature:

Date:

WARNING: INSURANCE FRAUD IS A CRIME