

AWASH INSURANCE COMPANY S.C.

Compulsory Motor Third Party risks Insurance Proposal Form

1. Name of proposer : _____ Age _____
2. Address
- a) Business Address : Kefle Ketema/Region _____ woreda _____ Kebele _____ H.No. _____
 e-mail _____ Fax. No. _____ P.O.Box _____ Te. No. _____
- b) Residential Address : Kefle Ketema/Region _____ woreda _____ Kebele _____ H.No. _____
 Tel. _____ P.O.Box _____
3. Period of insurance From _____ to _____
4. Particulars of Motor Vehicles to be insured

Plate No.	Chassis No.	Engine No.	Make and Type of Vehicle	C.C	Year of Manufacture	Carrying Capacity		Year of Make
						Goods	Passengers including driver	

1. Will the vehicles be used solely for private Purposes _____
 As described below:

- a) If not, please indicate any of the following use a) _____
- | | |
|---|---|
| <input type="checkbox"/> Own goods | <input type="checkbox"/> Public Transport |
| <input type="checkbox"/> General Cartage | <input type="checkbox"/> Own service |
| <input type="checkbox"/> Car Hire, Tour Operation | <input type="checkbox"/> Motor Trade |
| <input type="checkbox"/> Taxi | <input type="checkbox"/> Motor Cycles |
| <input type="checkbox"/> Learner | <input type="checkbox"/> Three wheelers |
| <input type="checkbox"/> Special Purpose Vehicles | |

DECLARATION : I, the undersigned, declare that the vehicle(s) described is (are) in good condition and will continue to be so maintained and I hereby warrant that the above statement and particulars are correct and complete to the best of my knowledge and belief and I hereby agree that the declaration shall be deemed to be the basis of the contract between me and the Company and that I have not withheld any important information which should be communicated to the Company and that I am willing to accept a policy subject to the terms, conditions and exceptions therein and to pay the premium agreed upon.

Date _____ Signature of Proposer _____
 Branch _____ Underwriter _____