

Head Office
100 The chase (West)
Emerald Hill, Harare
Tel : (04) 332646-53
Fax : (04) 332650
insure@oldmutual.co.zw

Finsure House Office
Ground Floor
Cnr K Nkrumah/S Nujoma St
Tel : (04) 332646-53
Fax : (04) 332650
insure@oldmutual.co.zw

Old Mutual Centre
Cnr 8th Avenue/J Moyo Ave
Bulawayo
Tel : (09) 79333
Fax : (09) 79897
insure@oldmutual.co.zw

Mutual House
7th Street,
Gweru
Tel : (054) 221220
Fax : (054) 221939
insure@oldmutual.co.zw

Mutual House
Herbert Chitepo Street
Mutare
Tel : (020) 62336
Fax : (020) 61944
insure@oldmutual.co.zw

Cover in Brief

Your Comprehensive cover will compensate for damages to your insured vehicle caused by accident, theft or fire. It also covers damage to windscreens and theft of accessories. Furthermore, there is cover for Third Party Property Damage/ bodily injury and medical expenses for injuries to occupants of your vehicle. For more details please read through your policy wording.

Contact Details

Name (in full):.....

Date of Birth: Occupation:.....

Driver's licence No. Date of Issue:.....

Staff Code No:.....

Postal Details:.....

Telephone:..... Cellphone e-mail.....

Period of Insurance

First period of insurance from:...../...../..... To:...../...../.....

Your Vehicle(s)

Make & Model	Reg. No.	Year	Chassis No.	Engine No.	Sum Insured	Cover Required

Cover

Comprehensive (COMP) Full Third Party Fire & Theft (FTPF&T) Full Third Party (FTP)

Details of Car Audio Equipment

Make	Serial No.	Value

Use of Vehicle

Social domestic pleasure travel to and from work

Social domestic pleasure limited business and professional purposes.

Social domestic pleasure business and professional purposes

Please answer the following questions

1 Have you or has any person who will drive this vehicle been subject to a driving disqualification, charged or convicted of any driving offence during the past (5) five years or is any prosecution pending? YES/NO

2 Do you or any other person who will drive the vehicle suffer from defective eyesight hearing or from any physical infirmity or other affliction which could affect the ability to drive? YES/NO

3 Has the vehicle been specially adapted or structurally modified to increase or change performance or carrying capacity? YES/NO

4 Are you the owner of the vehicle/s? If NO state owner and /or name of hire Purchase Company below. YES/NO

5 Were you previous insured? If YES, please advise name of previous motor insurers and types of cover YES/NO

6 Has any insurer declined your proposal or required you to specifically carry a portion of any loss or, required an increased premium or imposed special conditions or, refused to renew your policy or cancelled your policy? YES/NO

7 Is/ are the vehicle/s in a sound state of repair? If NO, please specify below YES/NO

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8 Have you suffered a loss before during the past 3 years whether insured or not? YES/NO

9 Will the vehicle/s be driven by any someone else other than your spouse? YES/NO

10 If you answered YES to any of the above give details below

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Please read and sign here

I warrant that to the best of my knowledge and belief the statements and particulars contained in this proposal are true and complete. I agree to accept insurance cover on the terms and conditions specified by O M Insurance Company (Pvt) Ltd and that this proposal form shall be the basis of the contract between me and the insurance company.

Date:.....

Signature of Proposer:.....

If proposer is a company

Company Stamp

No liability is undertaken until the company has accepted the proposal except to the extent of any official policy document has been issued. I understand that my insurance cover shall not be effective until I have paid the premium.