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Mutual House
Herbert Chitepo Street
Mutare
Tel : (020) 62336
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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/or bodily injury. For more details please read through your policy wording.

Contact Details

Name (in full):.....Date of Birth.....ID No.....

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

Home address:.....

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

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)

Any other details.....

Use of Vehicle (Excluding carrying of fare paying passengers)

Social domestic pleasure travel to and from work

Social domestic pleasure business and professional purposes

Please answer the following questions

I understand that it is my duty to disclose material facts that may affect the acceptance or pricing of the proposed cover.

- 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
- Has the vehicle been specially adapted or structurally modified to increase or change performance or carrying capacity? YES/NO
- Are you the owner of the vehicle/s? If NO state owner and /or name of hire Purchase Company below. YES/NO
- 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 YES/NO

cancelled your policy?

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

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

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

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I understand that Old Mutual Insurance may inspect the vehicle(s) proposed for insurance. The vehicle(s) may be inspected at:

Address Contact Mobile

.....

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.

Official Use only:

Inspected by Date

Existing Damage

Special Considerations

(add pictures where necessary)