

MOTOR INSURANCE PROPOSAL



CONSUMERS'
GUARANTEE
INSURANCE

Please write in BLOCK LETTERS and tick the correct answer boxes. If you have ticked a shaded box on this form, please give full details in the spaces provided. We will provide you with a copy of the completed proposal form on request.

To help us decide whether or not we will insure you and under what conditions, you must answer all questions on this Proposal. Each answer must be truthful and frank. Please read your Duty of Disclosure. It is important to remember that if you do not give all the information necessary to assess the risk, if you give false information, we may refuse or reduce a claim, cancel the policy, or treat the policy as never having operated.

GENERAL DETAILS

1. **Date you require insurance from**

Day _____ Month _____ Year _____

2. **Full names of proposer(s)** State: Mr., Mrs., Miss, Ms. or other title

3. **Date of birth:**

Day _____ Month _____ Year _____

4. **Profession or Occupation**

5. (a) **Full postal address**

(b) **Email address**

6. **Telephone Numbers:**

Home

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Work

Mobile

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7. **Address where vehicle(s) are usually garaged:**

8. **Will the vehicle(s) be used**

(a) Solely for social, domestic and pleasure purposes or travelling to and from your normal place of work? Yes No

(b) For Commercial Travelling or Motor Trade purposes? Yes No

(c) For business purposes by any person other than yourself? Yes No

9. **Do you hold a valid drivers' licence to drive the insured vehicle(s)?**

Yes No

(a) Has your drivers' licence ever been suspended or endorsed? Yes No

(b) How long have you been driving motor vehicles continuously?

Years _____ Months _____

10. **To the best of your knowledge have you or any other person who will drive the insured vehicle(s):**

(a) Suffered from defective vision or hearing? Yes No

(b) Suffered from any other physical or mental infirmity? Yes No

(c) Now, or within the past 5 years, suffered from diabetes, fits, loss of consciousness or any complaint of the heart? Yes No

(d) Been declined for motor insurance or had a motor policy cancelled or special terms imposed? Yes No

(e) Been convicted of any offence(s) in connection with the driving of any motor vehicle or has any prosecution pending within the last three years? Yes No

VEHICLES TO BE INSURED

11. **Please state:**

	Date of Purchase	Reg. #	Year of Manufacture	Make and Model	Engine #	HP or CC	Type of Body
(i)							
(ii)							
(iii)							

12. Is the Vehicle

Vehicle (i)

Vehicle (ii)

Vehicle (iii)

(a) Left-hand drive or Right-hand drive?

(b) New or second-hand?

If second-hand give name and address of previous owner

(c) In good state of repair and well maintained?

Yes No Yes No Yes No

(d) Owned solely by you?

Yes No Yes No Yes No

(e) Registered in your name only?

Yes No Yes No Yes No

(f) Subject to a Credit Provider's Arrangement?

Yes No Yes No Yes No

If yes, please state Credit Provider.

13. Was the vehicle involved in an accident or a "write-off"?

Yes No Yes No Yes No

If yes, we may require a survey report.

14. Has the engine been specially modified or adapted?

Yes No Yes No Yes No

COVERAGE

15. Cover required: Comprehensive - Agreed Value Comprehensive - Indemnity Value Third Party

16. If you have chosen Comprehensive Cover (Agreed or Indemnity value) and there are Accessories fitted to your car, you will need to specify them and state their value if they are to be covered. If you do not want your accessories covered please state N/A.

17. If you have chosen Agreed Value in question 15, we will require a valuation from the agents or an approved valuer showing the current market value of your vehicle. This amount is called the Agreed Value and as a general rule, we will not insure the vehicle for more than the purchase price. In order to decide if the addition of accessories or other special circumstances would alter this, we may need to inspect the vehicle.

Purchase price (i) \$ _____ (ii) \$ _____ (iii) \$ _____ (Inclusive of Accessories)

Agreed Value (i) \$ _____ (ii) \$ _____ (iii) \$ _____ (Inclusive of Accessories)

Office Use Only

18. If you have chosen Indemnity Value in question 15, please state the following:

Purchase price of the vehicle (i) \$ _____ (ii) \$ _____ (iii) \$ _____ (Inclusive of Accessories)

Value you wish the vehicle insured for (i) \$ _____ (ii) \$ _____ (iii) \$ _____ (Inclusive of Accessories)

ADDITIONAL INFORMATION

19. (a) Have you had vehicle insurance before? Yes No

(b) Have you or any vehicle you own or have owned been involved in any previous accidents before? Yes No

If yes to either of the above questions, please give details of all policies held and / or all accidents occurring during the last three years. Start with your most recent policy and / or accident.

Please attach your renewal notice which we will use to confirm your No Claim Discount.

Name of insurance company (s)	Type of insurance	Year	NCD%	Details of each claim made, and / or accident including the date
<input type="text"/>	<input type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party	<input type="text"/>	<input type="text"/>	<input type="text"/>

- 20 (a) Give particulars in respect of any other person(s) including members of your family or household or business associates or employee(s) who to your knowledge will drive. If NONE, state "NONE".

Name(s)	Age(s)	Occupation(s)	Driving Experience	Class of Licence held	Details of Accidents During past 3 years

- 20 (b) Give particulars of any person in your household who holds a valid drivers' licence who is under the age of 25 or who has been driving for less than 2 years as well as those persons holding a learners permit. If NONE, state "NONE".

Name(s)	Age(s)	Occupation(s)	Driving Experience	Class of Licence held	Details of Accidents During past 3 years

POLICY EXCESS

21. A Policy Excess is a way of keeping the cost of Insurance down. It helps stop numerous small claims that would make everyone's premium payment higher. There are three types of excess: basic, special and age. The basic excess is the first amount you will have to pay on any claim. You will have to pay the basic excess if you cannot tell the name and address of the at fault driver, or if the accident is your fault.

We may also apply a special excess for higher risk owners and drivers. This special excess, if required, will be explained to you when you return this completed Proposal.

An age excess applies if a person under 25 and / or driving for less than 2 years is driving the vehicle at the time of an accident. It is in addition to the basic excess and any special excess applied.

An age excess applies if you or the driver cannot give the name and address of the "at-fault" driver, or are at fault.

Will there be any person under 25 driving the vehicle? Yes No

If yes, please state name, age, accident history and driving experience. _____

Agreed excesses (For office use only)

Basic	_____	Age	_____
Special	_____	Loss of use	_____

THE DUTY OF DISCLOSURE

It is your duty to tell us everything you know which is relevant to our decision to insure you. A matter is relevant if you know it to be relevant or a reasonable person in the circumstances would know it to be relevant.

You don't have to tell us things that:

- reduce the risk
- are common knowledge
- we already know
- in the ordinary course of our business we ought to know, or
- we indicate we don't want to know

The Duty of Disclosure applies to each insured and it applies before we accept your proposal. It also applies whenever you renew, extend, vary or reinstate a policy of insurance.

DECLARATION AND SIGNATURE

I / We declare:

- All the information given in this Proposal and any attachments to it is truthful and frank
- All information known to me / us which may be relevant to the decision to insure and the terms and conditions of insurance has been given
- I / We understand that any statement made in this Proposal will be treated as a statement made by all persons to be insured

Signature of Proposer

Date

OFFICE USE ONLY

CLIENT CODE

POLICY #

PREMIUM QUOTED

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Space for any extra information you wish to give.