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Policy No: _____

MOTOR INSURANCE PROPOSAL FORM

() **Private Cars** () **Commercial Vehicles** () **Special Type**

(a) Comprehensive

Third Party Liability for injury to persons and damage to property.
Loss of or damage to the insured vehicle by accident, fire or theft.

Date of Birth: _____

(b) Comprehensive with Perils and Windscreen

Third Party for injury to persons and damage to property.
Loss of or damage to the insured vehicle by fire or theft.

Tel No.(h): _____

Tel No.(w) _____

Cell No. _____

Email: _____

(c) Third Party Only

Third Party Liability for injury to persons and damage to property.

GIVE A DEFINITE REPLY TO EVERY QUESTION

1 THE PROPOSER

(a) Name of Proposer: _____

(b) Home Address: _____

(i) Mailing Address: _____

(c) Employer's Address: _____

(d) Occupation and Nature of Duties (including part time occupation): _____

2 PARTICULARS OF VEHICLE (S) TO BE INSURED

(a)	Registration No.		(a)	
(b)	Engine No.		(b)	
(c)	Chassis No.		(c)	
(d)	Make/Model.		(d)	
(e)	Type of Body.		(e)	
(f)	H.P./cc		(f)	
(g)	Year of Make		(g)	
(h)	Seating Capacity		(h)	
(i)	Date of Purchase		(i)	
(j)	Price Paid		(j)	
(k)	Insured Value		(k)	
(l)	Accessories/Cost		(l)	

3 SELECT YOUR COVER

Please tick appropriate box for required coverage:

- Comprehensive { }
 Comprehensive with Perils and Windscreen { }
 Third Party Only { }

- (a) Will the vehicle be used only for social, domestic, pleasure purposes or travelling to and from your place of business (but not used during the course of your business) Yes___ No___
- (b) Will the vehicle be used during the course of your business or employment for commercial travelling or the carriage of goods and sample (i.e for business purposes) Yes___ No___

NOTE: The Private car Policy does not cover rallies, speed testing the carriage of passengers or the use of the vehicle for hire or reward in any use in connection with the Motor Trade

4 CONDITIONS OF VEHICLE

- (a) Is the vehicle in a good state of repair? Yes___ No___
- (b) Has the engine been specially modified or adapted to increase performance? Yes___ No___
- (c) Has the vehicle been involved in any accident or been written off Yes___ No___
- (d) Will vehicle be parked overnight in a locked garage? Yes___ No___
If not state where _____

5 OWNERSHIP OF THE VEHICLE(S)

- (a) Are you're the sole owner of the vehicle(s) to be insured and are they registered in your name? If not, please state particulars of ownership and registration. _____
- (b) Are any of the vehicles being financed by a Hire Purchase Agreement or any other type of contract? If so State name and address of finance/mortgage company. Yes___ No___

6 FITNESS

- Have you or any person who may drive:- Yes___ No___
- (a) Suffered from defective vision, hearing or any other disability Yes___ No___
 - (b) Now, or within the past five (5) years suffered from diabetes, fits loss or consciousness or any complaint of the heart? Yes___ No___

7 DETAILS OF DRIVERS

In respect of THE INSURED and ALL OTHER PERSON WHO WILL NORMALLY DRIVE THE VEHICLE(S)

	THE INSURED		NAMED DRIVER
i	Name	i	
ii	Address	ii	
iii	Occupation	iii	
iv	Date of Birth	iv	
v	Drivers Lic'd Details	v	
a	Licence No.	a	
b	Orginal Date of Issue	b	
c	Expiry Date	c	
d	Licence Classes Held.	d	

- v** CONVICTIONS (Motor) Please state _____
- vi** **PREVIOUS INSURANCES - Has the Proposer**
 - (a) been insured previously Yes___ No___
 - (b) If yes, Please state Company. _____
 - (c) been entitled to a NO CLAIM discount? Yes___ No___
- vii** **HAS ANY INSURER**
 - a cancelled, declined, not renewed your policy Yes___ No___
 - b required you to pay increased premium Yes___ No___

NB The Policy does not cover drivers who are under the age of twenty-five (25) and/or have been driving for less than two (2) years unless specified.

Give Particulars in the following schedule of ANY ACCIDENTS OR LOSSES DURING THE PAST 36 CALENDAR MONTHS IN CONNECTION WITH ANY MOTOR VEHICLE OWNED AND DRIVEN BY YOU (including the vehicle which is the subject of this proposal) AND ALL OTHER PERSON WHO TO YOUR KNOWLEDGE will drive. All accidents must be included whether insured or uninsured and whether resulting in a claim or not. If none state "NONE"

DATE	NAME OF DRIVER	BRIEF DETAILS OF ACCIDENT	COST OF CLAIM

ADDITIONAL INFORMATION Commercial Vehicle(s) Only

Give full particulars for which the vehicle will be used _____

- 8 If used for carriage of goods Yes___ No___
 - (a) What is their general nature? _____
 - (b) Do you undertake cartage for other persons? Yes___ No___
 - (c) Has the vehicle been altered or adapted to carry a load heavier than that stated in the maker's published specification? Yes___ No___
- 9 Will the vehicle be used for rental purposes? Yes___ No___
- 10 If used for carrying passengers: **MOTOR TAXI/PASSENGER VAN**
 - (a) Are the passengers carried for hire or reward? Yes___ No___
 - (b) Is the vehicle used for public service? Yes___ No___
- 11 Will the vehicle be driven solely by you? Yes___ No___
If not, state total number of employees licensed to drive. _____
- 12 What is the total number of Motor vehicles owned by you? _____

DECLARATION - To be read and signed by every Proposer

N.B. Please read the following declaration very carefully, and read again the questions and answer especially if not completed in your own hand before signing the form.

I/WE agree that this proposal and declaration shall be the basis of the contract between me/us and the insurers and shall be deemed to be incorporated in such contract.

I/WE undertake that the vehicle(s) to be insured shall not be driven by any person who to my/our knowledge has been refused any motor vehicle insurance or continuance therefore.

Date: _____ Proposer's Signature: _____

THE INSURANCE WILL NOT COMMENCE UNTIL THE PROPOSAL IS ACCEPTED BY THE COMPANY

FOR OFFICIAL USE ONLY

GROSS PREMIUM	_____	COMPULSORY EXCESS	_____
LESS NO-CLAIM DISCOUNT	_____	FIRE & THEFT EXCESS	_____
NET PREMIUM	_____	Young Driver's Excess	_____
Special Discount/Loading %	_____	OTHERS EXCESSES	_____
PREMIUM DUE	_____		

Period of Insurance: From _____ To: _____

Examined: _____

