

SENTRY

(WEST INDIAN INSURANCES LIMITED)
 JAMES STREET, P.O. BOX 1828,

KINGSTOWN, ST. VINCENT

TELEPHONE (784) 456-2247 FAX (784) 456-2248

E mail: sentry@caribsurf.com

PRIVATE VEHICLE INSURANCE PROPOSAL FORM

PLEASE COMPLETE THIS FORM USING BLOCK CAPITALS OR TICK AS APPROPRIATE

1. Mr./ Mrs./ Miss : _____

2. Postal Address: _____

Residential Address: _____

3. Cover Required: Comprehensive [] Third Party [] Third Party Fire and Theft []

4. Additional optional benefits:

Riot and Strike cover	Yes []	No []	Malicious damage	Yes []	No []
Liability - Passengers	Yes []	No []	Windscreen cover	Yes []	No []
Flood, earthquake, hurricane damage	Yes []	No []	Other _____		

5. Particulars of vehicle(s) to be insured

REGISTRATION NO	MAKE & MODEL	ENGINE SIZE	BODY STYLE	Year of Manufacture	Seating Capacity including Driver	Date of Purchase & Price Paid	Insured value including Accessories

Engine No. _____

Chassis No. _____

6. Period of Insurance From:

Day	Month	Year

 To:

Day	Month	Year

7. Particulars about yourself (if an individual)

Date of Birth	Sex	Driving Permit No. Date of Issue and Class	Marital Status	Occupation	Telephone Number(s)

8. Is policy to be assigned? _____

if 'yes' Name and Address of Mortgagee or other interest _____

9. Is the Proposer entitled to a No Claim Discount from previous insurers in respect of this or other vehicles?

If so, please attach the renewal notice, or other proof. Yes [] No []

10. Particulars of persons likely to drive the vehicle regularly

Name	Date of Birth	Sex	Driving Experience	Marital Status	Occupation
1. _____					
2. _____					
3. _____					

11. In respect of this vehicle or any other driven and /or owned by you or any of the proposed drivers, has any loss, damage or liability arisen, whether insured or not, in the past five years?

Yes [] No []

Year	Total No. of Vehicles owned by Proposer	Total No. of Accidents and Losses	Total Cost of Settled Claims	
			Proposer Damage	Third Party Damage

12. Has the Proposer or any person who to the Proposer's knowledge will drive:
- (a) suffered from defective vision or hearing or from any disease or physical infirmity? Yes [] No []
- (b) been prosecuted for any traffic offences in the past five years? Yes [] No []
- (c) been refused insurance or special conditions imposed or previous insurances terminated? Yes [] No []
- If 'Yes' enter particulars:
-
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13. Is the car(s)
- (a) owned by the Proposer? Yes [] No []
- (b) registered in the Proposer's name? Yes [] No []
- (c) modified or converted from maker's standard specifications or is it intended to do so? Yes [] No []
- If 'Yes' enter particulars:
-
-

14. Is the car to be used for:
- (a) social, domestic and pleasure purposes only []
- or (b) social, domestic and pleasure purposes and to drive to work only []
- or (c) social, domestic and pleasure purposes and for use in business []
15. Has the proposer been, or is he now insured in respect of any motor vehicle? Yes [] No []
- If so, please state name and address of Company
-

16. Has the vehicle ever been involved in any accident? Yes [] No []
17. Is the vehicle new or second -hand?
18. Is the vehicle right hand drive? Yes [] No []

IMPORTANT NOTICE: The questions on this proposal generally supply sufficient information for us to assess the risk. However, there may be some special feature concerning you or your vehicle, it's location or use that is not covered by the questions but which might nevertheless affect our judgement. If you can think of anything which might influence the likelihood or severity of a loss, please give full details below. It you are in any doubt whether a fact may affect our judgement you should tell us, as failure to do so could invalidate the insurance.

- EXCESS:** (1) Driver over 25 years with more than two years driving experience :
 (2) Driver under 25 years or with less than 2 years driving experience :
 (3) Theft :

DECLARATION:

- (1) I declare that to the best of my knowledge and belief the above statements made by me or on my behalf are true and complete.
- (2) I agree that this proposal and declaration shall be the basis of the contract between me and the Company and I agree to accept a policy in the Company's usual form for this class of insurance.
- (3) I undertake that the vehicle(s) to be insured shall not be driven by any person who to my knowledge has been refused any motor vehicle insurance or continuance thereof.

Signature Date

Agent Date