

PERSONAL DETAILS

Insured's Name in full (Mr. Mrs. Ms.).....Date of Birth.....
 Insured's Full Address.....Driver's License Issue Date.....
 Insured's Business Address..... Tel. No.....
 Trade or Occupation..... Email.....

GENERAL DETAILS

PLEASE GIVE A DEFINITE ANSWER FOR EACH QUESTION (Ticks and dashes will not be accepted as answers)

1. (a) Will the vehicle be used solely for social, domestic and pleasure purposes?
 (b) If not, state other uses.

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2. (a) Are you the owner of the vehicle and is it registered in your name?
 (b) If no, please state the name and address of the owner and of the person in whose name the vehicle is registered.

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3. (a) Will members of your family drive the vehicle? If yes, please state:
 - (a) Age (s)
 - (b) How long have they been driving Motor Vehicles continuously?
 - (c) Whether they have had any Motor Vehicle accidents or losses during the last three years

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4. Do you or does any person who to your knowledge will drive, suffer from defective vision or hearing or from any physical infirmity?

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5. Have you or any other person who to your knowledge will drive now, or within the past 10 years, suffered from diabetes, fits, loss of consciousness or any complaint of the heart?

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6. Have you or has any person who to your knowledge will drive, been convicted during the last five years of any traffic offences or has any prosecution(s) pending within the last three years?

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7. How long have you been driving Motor Vehicles continuously?

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8. (a) Are you now or have you been insured in respect of any motor vehicle?
 (b) If yes, please state name of company

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9. (a) Are you entitled to a No Claims Discount from your previous insurer(s) in respect of any of the vehicle(s) described in this proposal?
 (b) If yes, state percentage and attach renewal notice or letter of confirmation

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10. Has any company ever:
 - (a) Declined your proposal, cancelled or refused to renew your policy?
 - (b) Required you to bear the first part of the cost of any accident or loss?
 - (c) Imposed special conditions to insure you or required an increased premium?

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11. (a) Have you had any accidents or losses during the last three years concerning this or any other motor vehicle owned or driven by you?
 (b) If yes, please state particulars in box provided below

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Year	Total number of motor vehicles owned by proposer	Total number of accidents and losses	Brief description of accidents or losses and costs

PARTICULARS OF THE VEHICLE

Year of manufacture Engine Capacity (cc)

Make of vehicle Engine no.

Type of body (e.g. saloon, sedan, etc) Chassis no.

Registration number Seating Capacity

Proposer's estimate of present value including accessories and spare parts

COVERAGE

State type of insurance required

Comprehensive Third Party Third Party Fire and Theft.....

- 12. (a) Will the vehicle be driven exclusively by a named person (not a paid driver)?
(b) If yes, please state name
- 13. If Comprehensive insurance is required, are the additional perils (flood, typhoon, hurricane, volcanic eruption or other convulsion of nature and malicious damage, riots, strikes and commotion) to be included?
- 14. Was the vehicle bought new, second hand or reconditioned?
- 15. (a) Is the vehicle subject to government's duty free tax concession or duty rebate concession?
(b) If yes, what percentage?
- 16. (a) Is the vehicle assigned to a Finance company?
(b) If yes, please state name and address of Finance company or mortgagee.
- 17. (a) Has the engine been specifically modified or adapted to increase performance?
(b) If yes, please give brief details.
- 18. (a) Was the vehicle ever involved in an accident or a "write-off"?
(b) If yes, please provide a recent survey report.

DEDUCTIBLES

Excess for drivers aged 25 years and under or for drivers with less than two years driving experience
Excess for drivers over 25 years old
Excess all claims

DISCLOSURE

All-important facts that may affect the acceptance or assessment of the coverage requested by this proposal must be disclosed. If you are in doubt about what is important, tell your broker or us. Failure to disclose these facts may invalidate the Policy.

DECLARATION AND SIGNATURE

I/we warrant that the above statements and particulars, which I/we have read over and checked are true, and that I/we have not suppressed, misrepresented or misstated any material fact and that the vehicle or vehicles to be insured will not be used for purposes other than as stated above.

I/we undertake that the vehicle or vehicles to be insured shall not be driven by any person who to my/our knowledge has been refused any motor vehicle insurance or continuance thereof and I/we hereby agree that this Proposal and Declaration shall form the basis of this contract between me/us and St. Vincent Insurances Limited and I/We am/are willing to accept a Policy subject to the terms, exceptions and conditions prescribed by the Company therein.

Dated this day of 20

INSURANCE TO COMMENCE

PROPOSER'S SIGNATURE

PLEASE NOTE: Liability does not commence until the Company has accepted this Proposal and the premium paid except as provided for by any official Covering Note issued by the Company. The Company reserves the right to refuse any Proposal.