

4. Occupation:

a. Proposer

Occupation:

Employer's name and address

b. Additional Name on policy

Occupation:

Employer's name and address

5. Politically Exposed Persons (PEP)

a. Are you a PEP?

Yes No

Are you related to a PEP?

Yes No

If related to a PEP, please state relationship:

b. Are you a PEP?

Yes No

Are you related to a PEP?

Yes No

If related to a PEP, please state relationship:

A Politically Exposed Person (PEP) is an individual with prominent public functions, e.g., Head of State or Government, senior politician, senior executive of a state-owned corporation, senior government judicial or military official.
A relative refers to an immediate family member, e.g., spouse, parents, siblings and children.

6. Number of children aged 16 years and over residing with you:

Company Information

7. Company/business name:

N/A

8. Business Description:

9. Email:

10. Business Address:

11. Mailing Address:

Insurance History

12. Are you entitled to a No Claim Discount from previous insurers for any of the vehicle(s) included?

Yes No N/A

If **yes**, please provide confirmation from previous Insurers.

13. Are you currently insured?

Yes No

If **Yes**, state name and address of Insurance Company:

Have you previously had insurance for this or any other vehicle?

Yes No

If **Yes**, state name and address of Insurance Company:

14. Has any Company or Underwriter at any time:
- a. Declined to provide insurance to you? Yes No
 - b. Required an increased premium or imposed special condition? Yes No
 - c. Cancelled or refused to renew an existing Motor Policy held by you? Yes No

If **yes** to any of the above, please give particulars:

15. Are there any other persons who will drive the vehicle regularly? Yes No

Note that unless specified below, the policy will **NOT** cover drivers who are under the age of 25 years old and/or who have been driving for less than 2 years.

If **YES**, please provide particulars below:

NAME	DATE OF BIRTH	SEX	DRIVER'S PERMIT NUMBER	DATE OF ISSUE	CLASS	OCCUPATION	RELATIONSHIP TO PROPOSER	TAXI BADGE NUMBER

Accident History

16. Has this vehicle or any other vehicle driven by you or any of the proposed drivers suffered any loss, damage or liability (insured or not) in the past five years? Yes No

If **Yes**, please give particulars of any Accidents or Losses (whether resulting in a claim or not).

YEAR	NO. OF VEHICLE(S) OWNED BY PROPOSER	NO. OF ACCIDENTS AND LOSSES	DRIVER	BRIEF DETAILS OF ACCIDENTS OR LOSSES AND COSTS

17. Have you or any other proposed driver listed in (15) above:
- 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 5 years? Yes No
 - c. Been refused insurance, had special conditions imposed regarding insurance or had previous coverage terminated? Yes No

18. Is/are the vehicle(s):
- a. Owned by you? Yes No
 - b. Registered in your name? Yes No
 - c. Modified or converted from maker's standard specifications or is it intended to do so? Yes No

If **Yes** to any of the above, please give particulars:

Vehicle Details

19. Details of Vehicle(s) to be insured:

	Vehicle 1	Vehicle 2
Vehicle Registration	<input type="text"/>	<input type="text"/>
Make	<input type="text"/>	<input type="text"/>
Year of Manufacture	<input type="text"/>	<input type="text"/>
Horse Power or Cubic Capacity	<input type="text"/>	<input type="text"/>
Body	<input type="text"/>	<input type="text"/>
Left/Right Hand Drive	<input type="text"/>	<input type="text"/>
Seating capacity (including driver)	<input type="text"/>	<input type="text"/>
Is Vehicle Foreign Used/Roll on Roll off?	<input type="text"/>	<input type="text"/>
Chassis Number	<input type="text"/>	<input type="text"/>
Engine Number	<input type="text"/>	<input type="text"/>
Date of Purchase	<input type="text"/>	<input type="text"/>
Price Paid (including Taxes)	<input type="text"/>	<input type="text"/>
Is the vehicle a Goods vehicle?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, please complete below		
a. Maximum carrying capacity	<input type="text"/>	<input type="text"/>
b. Are there any trailers?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, please complete		
Carrying capacity of any trailers	<input type="text"/>	<input type="text"/>
Sum to be Insured including Accessories	<input type="text"/>	<input type="text"/>

I confirm that any costs incurred for Maxi Taxi rights have NOT been included in the Sum to be insured.

20. Please tick if the vehicle(s) is/are to be used as follows:

- a. Carriage of owned goods only (List the nature of the goods below)
- b. Carriage of passengers **NOT** for hire or reward (enter number of passengers below)
- c. Carriage of passengers for hire or reward (enter number of passengers below)
- d. Motor Trade
- e. Social, Domestic or Pleasure Purposes
- f. Hauling no more than one trailer
- g. Other uses, please state:

Note: The Limitations as indicated by you above will be stated on the Policy Document and a claim can be denied if the vehicle is used outside of the limitation indicated above.

21. Is the vehicle fitted with Anti-Theft device? Yes No

If **yes**, please give particulars:

22. How is the vehicle secured?
23. Will you or any other driver be using this vehicle any of the following - Hire, Reward, Ride sharing program, Delivery service or Private Hire ("PH") taxi service? Yes No

Vehicle Coverage

24. Cover Required Comprehensive Third Party
25. Do you require windscreen cover? Yes No
 If Yes, please state limit: \$
26. Do you require cover for Hurricane/Earthquake/Flood/Riot & Strike? Yes No
27. Name & Address of any Financial Institution holding an interest (loan/mortgage) in the vehicle:
28. Policy Start Date: (dd/mm/yy) Policy End Date:

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

DECLARATION

I/We declare that all the above answers are true and that I/We have not withheld any material information regarding this proposal and that this declaration and proposal shall form the basis of the contract between me/us and **THE BEACON INSURANCE COMPANY LIMITED**. I/We further agree that if the particulars and information stated above are no longer correct the Company shall be notified immediately. I/We also agree to accept and abide by the terms and conditions of the Policy to be issued.

<p>SIGNATURE & COMPANY STAMP OF PROPOSER</p> <p>DATED: _____ / _____ 20__</p> <p>Examined By: _____</p>	<p>SIGNATURE OF ADDITIONAL NAME (WHERE APPLICABLE)</p> <p>DATED: _____ / _____ 20__</p> <p>Date: _____</p>
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Details of Cover Purchased