

## PROPOSAL FOR MOTOR VEHICLE INSURANCE

PLEASE GIVE A DEFINITE ANSWER TO EACH QUESTION • TICKS AND DASHES ARE NOT SUFFICIENT

1. Name of Proposer(s) in full  
**BLOCK LETTERS PLEASE** (Mr. / Mrs. / Miss) .....
- Local Postal Address: ..... Overseas Address .....
- Address of Residence: .....
- Phone No. (WORK)..... (HOME)..... (MOBILE)..... (Email) .....
- Occupation/Type of Business:.....

2. **PARTICULARS OF MOTOR VEHICLES TO BE INSURED**  
*Please write numbers clearly*

| License Number | Year | Make | Model | Body Type | Vehicle ID Number | Horse Power or Cubic Capacity or Liters | Carrying/ Seating Capacity | Sum Insured (Actual Cash Value / Market Value) |
|----------------|------|------|-------|-----------|-------------------|---|----------------------------|--|
|                |      |      |       |           |                   |   |                            |  |
|                |      |      |       |           |                   |   |                            |  |
|                |      |      |       |           |                   |   |                            |  |
|                |      |      |       |           |                   |   |                            |  |

*For additional vehicles, please attach list in the same format as above.*

3. Please select cover by entering an X in the appropriate square  
 Comprehensive       Third Party Compulsory Insurance Only
- 
4. Period of Insurance:      From:      To:
- 
5. Will the Vehicle be used *solely* for social domestic and pleasure purposes?      Yes       No   
 If no, will the Vehicle be used:
- (a) Solely by you in person for your business or profession?      (a)  
 (b) On your business by your employees or other persons?      (b)  
 (c) In connection with the Motor Trade?      (c)  
 (d) For uses other than (a) to (c) above? Please describe.      (d)
- 
6. (a) Is the Vehicle in a good state of repair?      (a)  
 (b) Has the Vehicle been modified or converted from the Maker's Standard Specification or is such an alteration contemplated? If so give details      (b)  
 (c) Address at which the vehicle (s) is (are) garaged.      (c)
- 
7. (a) Are you the Sole Owner of the Vehicle described above and is it registered in your name. If not please state particulars of ownership and registration.      (a)  
 (b) Is the Vehicle the subject of a Loan Agreement? If so state name and address of Bank or Finance Company.      (b)
- 
8. (a) Do you wish driving to be restricted to specified named licensed driver(s)?      Yes       No   
 (b) If yes, please identify those drivers on the next page:-  
 (c) If driving is not to be restricted to named drivers, driving will be restricted to any authorized, licensed driver/employee between 22 to 70 years of age.

**QUESTIONS NOS. 9-14 RELATE TO THE ADDITIONAL DRIVER (S)  
REFERRED TO IN QUESTION NO. 8 (EXTRA SHEET TO BE USED IF NECESSARY)**

**The Insured                      Named Driver (1)                      Named Driver (2)**

*Please attach copies of License(s).*

|   | (i) | (ii) | (iii) |
|---|-----|------|-------|
| 9. (a) State type of Driving License held (Class):  | (a) | (a)  | (a)   |
| (b) Driving License No.:  | (b) | (b)  | (b)   |
| (c) Expiry Date:  | (c) | (c)  | (c)   |
| (d) How many years have you held a valid driver's license? (Other than a motorcycle)  | (d) | (d)  | (d)   |
| (e) Have you been driving during the past twelve months?  | (e) | (e)  | (e)   |
| (f) Has your driver's license ever been suspended or endorsed?  | (f) | (f)  | (f)   |
| (g) Date of Birth:  | (g) | (g)  | (g)   |
| 10. (a) Do you suffer from any physical or mental infirmity, defective vision or hearing?   | (a) | (a)  | (a)   |
| (b) Are you presently taking any medication? If so, please state.   | (b) | (b)  | (b)   |
| (c) Are you presently under a Doctor's care? If so, state why.  | (c) | (c)  | (c)   |
| 11. Have you during the past five years been prosecuted or convicted of any offence in connection with any Motor Vehicle or is any such prosecution pending, if so, give details. | (a) | (a)  | (a)   |
| 12. Have you  |     |      |       |
| (a) Had an insurance proposal declined?   | (a) | (a)  | (a)   |
| (b) Been required to pay the deductible under a policy of insurance?  | (b) | (b)  | (b)   |
| (c) Been required to pay an increased premium or had any special conditions imposed?  | (c) | (c)  | (c)   |
| (d) Been refused renewal of a Policy by any Insurance Company?  | (d) | (d)  | (d)   |
| (e) Had a Policy cancelled by an Insurance Company?   | (e) | (e)  | (e)   |

**Any Driver between the age 17 – 22, or over 70, requires Special Acceptance and will be subject to premium surcharges.**

|  |                              |     |     |
|--|------------------------------|-----|-----|
| 13. Are you now or have you been insured in respect of any Motor Vehicle? If so  |                              |     |     |
| (a) State name and address of Insurance Company:   | (a)                          | (a) | (a) |
| (b) Policy Number of previous Insurance:   | (b)                          | (b) | (b) |
| (c) No Claim entitlement with previous Insurance Company ( <b>attach confirmation</b> )  | (c)                          | (c) | (c) |
| 14. Give particulars of <u>all losses</u> either by way of accident, fire, theft or flood during the past five years in connection with Motor Vehicles owned, used &/or hired by you, or by any of the additional drivers referred to in Question 8 above. | If none, state "NONE" .....  |     |     |
|  | If "YES", give details ..... |     |     |
|  | .....                        |     |     |
|  | .....                        |     |     |

**SUPPLEMENTARY QUESTIONS 15 TO 18 inclusive are for COMMERCIAL VEHICLE insurance ONLY**

|  |     |
|--|-----|
| 15. If used for Carriage of Goods -  |     |
| (a) What is their general nature?  | (a) |
| (b) Do you undertake cartage for other persons?  | (b) |
| (c) In respect of each Vehicle state the type of License, which you hold.  | (c) |
| (d) Has the Vehicle been altered or adapted to carry a load heavier than that Stated in the Maker's published specification?   | (d) |
| 16. Will the Vehicle be driven solely by you? If not, state Total Number of Employees licensed to drive: ( <i>if special license is required, please ensure drives are scheduled</i> ) | (a) |
| 17. Total Number of Motor Vehicles owned by you:   | (a) |
| 18. Will a Trailer or Trailers be used? If so, give details under Question 2.  | (a) |

I/We hereby warrant the truth of the above statements (and in the case of vehicles used for Commercial purposes the statements noted in questions 15-17). I/We declare that I/We have withheld no information whatsoever which might tend in any way to increase the risk of the Company or influence the acceptance of this Proposal. I/We agree that this Proposal shall be the basis of the Contract between me/us and the Company and I/We further agree to accept a Policy subject to its conditions.

Date .....

Signature of Proposer .....

*The Company reserves the right to refuse any proposal.*

**OFFICE USE ONLY**

CLIENT NAME: .....

EFFECTIVE DATE: .....

EXPIRY DATE: .....

POLICY NUMBER: .....

Please ensure that the applicable documents required are received and attached to the proposal:

Copy of License  Valuation  Proof of No Claims  Medical Report  Proof of Ownership / Log Book  Survey Report

Photos  Proof of Vehicle Identification Number (VIN)  Other

PREMIUM CALCULATION:

TOTAL PREMIUM: .....

STAMP DUTY: .....

UNDERWRITER: .....

DATE COMPLETED: .....