

PROPOSAL FOR MOTORCYCLE 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
- Phone No. (WORK)..... (HOME)..... (MOBILE)..... (Email)
- Occupation/Type of Business:.....

2. PARTICULARS OF MOTORCYCLE(S) TO BE INSURED

Please write numbers clearly

Licence Number	Year	Make	Model	Engine No. or Frame No.	Vehicle ID Number	Horse Power or Cubic Capacity	Seating Capacity	Sum Insured (Actual Cash Value / Market Value)

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

3. Please select cover by entering an X in the appropriate square
note: Third Party Cover Only unless Special Approval given by the Company
- Comprehensive Third Party Fire Third Party Compulsory
 and Theft Insurance Only

4. Period of Insurance: From: _____ To: _____

5. Will the Motorcycle be used *solely* for social domestic and pleasure purposes? Yes No
 If no, will the Motorcycle 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) |

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| 6. (a) Is the Motorcycle in a good state of repair? | (a) |
| (b) Has the Motorcycle 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 Motorcycle(s) is (are) garaged. | (c) |
| (d) Will the Motorcycle(s) be used with a side-car attached? | (d) |
| (e) Will the Motorcycle(s) be used with a pillion passenger? | (e) |

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| 7. (a) Are you the Sole Owner of the Motorcycle described above and is it registered in your name. If not please state particulars of ownership and registration. | (a) |
| (b) Is the Motorcycle 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 between 25 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)
	(i)	(ii)	(iii)
9. (a) State type of Driving Licence held (Class):	(a)	(a)	(a)
(b) Driving Licence No.:	(b)	(b)	(b)
(c) Expiry Date:	(c)	(c)	(c)
(d) How many years have you held a valid motorcycle driver's licence?	(d)	(d)	(d)
(e) Have you been driving motorcycles during the past twelve months?	(e)	(e)	(e)
(f) Has your drivers licence ever been suspended or endorsed?	(f)	(f)	(f)
(g) Date of Birth:	(g)	(g)	(g)

Please attach copies of Licence(s).

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/Motorcycle or is any such prosecution pending, if so, give details.	(a)	(a)	(a)
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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)

13. Are you now or have you been insured in respect of any Motor Vehicle/Motorcycle? 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 (attach confirmation)	(c)	(c)	(c)

14. Give particulars of all losses either by way of accident, fire, theft or flood during the past five years in connection with Motor Vehicles/Motorcycles 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

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I/We hereby warrant the truth of the above statements. 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 Licence 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: