

## MOTOR INSURANCE PROPOSAL FORM

(PLEASE COMPLETE ALL DETAILS IN BLOCK LETTERS ONLY)

### GENERAL DETAILS: This is mandatory as per guidelines from various regulatory bodies

**1. Full Name of Proposer(s)/Company: State Mr, Mrs, Miss, Ms or other title:**

(i) .....

(ii) .....

**2. Date of Birth (DD/MM/YYYY):**

(i) ..... (ii) .....

**3. Place of Birth:**

(i) ..... (ii) .....

**4. Nationality:**

(i) ..... (ii) .....

**5. Residence Country:**

(i) ..... (ii) .....

**6. Identification No:**

(i) ..... (ii) .....

(Passport, National ID, Social Security or equivalent if non-resident)

**7. Telephone Numbers/Contact Details:**

(i) (W): ..... (H): ..... (M): .....

(FAX): ..... Email: .....

(ii) (W): ..... (H): ..... (M): .....

(FAX): ..... Email: .....

**8. Current Occupation or Profession/Business of Company:**

.....

.....

**9. Name and Address of current Employer:**

.....

.....

**10. No. of years with current Employer: .....**

**11. If Company state Names & Residential Addresses of Directors/Officers/Controllers/Shareholders:**

.....

.....

.....

**12. (i) Full Postal or Trading Address:**

.....

**(ii) Address of Registered Office:**

.....

**13. Date of Commencement of Business: .....**

**14. PARTICULARS OF VEHICLE(S) TO BE INSURED**

	(i) Vehicle	(ii) Vehicle
Date of Purchase:	.....	.....
Registered Number:	.....	.....
Year of Manufacture:	.....	.....
Make & Model:	.....	.....
HP/CC:	.....	.....
Engine Number:	.....	.....
Chassis Number:	.....	.....
Mileage:	.....	.....
Transmission Type:	.....	.....
Colour:	.....	.....
Seating Capacity (incl. driver):	.....	.....
Type of Body:	.....	.....
Number of Doors:	.....	.....
Purchase Price Incl. accessories:	\$ .....	\$ .....
Value to be insured with standard accessories:	\$ .....	\$ .....
Additional Accessories, if any:	.....	.....
Details of Accessories:	.....	.....
Anti-theft devices:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, state make of Anti-theft device	.....	.....
	.....	.....

**15. Is the Vehicle:**

	(i) Vehicle	(ii) Vehicle
a. Left-hand Drive / Right-hand Drive	.....	.....
b. New / Second Hand / Foreign Used	.....	.....
	If Second hand, give name and address of Previous owner:	
	.....	.....
	.....	.....
c. In a good state of repair?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Registered in your name?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Owned solely by you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. The subject of a Financial Interest (lien) agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, please state name and address of Financial Company:	
	.....	.....
	.....	.....

**16. Has the vehicle ever been subject to a loss or a write-off?**

<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If a write-off, a survey report from the relevant authorities is compulsory	

**17. Has the engine been specially modified or adapted to enhance performance?**

<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please give brief details:	
.....	.....
.....	.....
.....	.....

**18. Will the vehicle(s) be used:**

Solely for social, domestic and pleasure purposes or travelling to and from  
normal place of work?

☐ Yes ☐ No

If you answered 'No' please state use of vehicle(s): .....

**19. Address where vehicle(s) is/are usually kept:**

.....

**20. Will the vehicle(s) be kept in:**

☐ Locked Car Port

☐ Open Car Port

☐ Roadside

☐ Other

If "Other" please give details: .....

**21. ACCIDENT/CLAIMS HISTORY**

Give particulars of ALL accidents and losses by you or any driver during the past three years whether insured or uninsured and whether resulting in a claim or not. Please note this applies to all vehicles owned and/or driven by you.

Date of Claim	Vehicle Reg. No.	Brief details of Accident(s)	Cost \$ (Paid & Outstanding)		Name of Insurance Company
			Own Damage	Third Party	

**22. Have you or any other person who will drive:**

a) Suffered from defective vision or hearing or from any physical or mental infirmity, diabetes or heart defect? ☐ Yes ☐ No

b) Been convicted of any offence(s) in connection with the driving of any motor vehicle or received notice  
of prosecution pending within the last three years ☐ Yes ☐ No

c) Been declined for motor insurance or had a motor policy cancelled or special terms imposed? ☐ Yes ☐ No

**23. DRIVER/S INFORMATION**

How long have you been driving motor vehicles continuously?

Years: ..... Months: .....

Has your driving license ever been suspended or endorsed?

☐ Yes ☐ No

**Please provide details for all persons who will drive the vehicle/s. Please attach copy of license for each driver.**

Will anyone other than you be driving the vehicle including person/s who is/are under the age of 25 or driving less than 2 years or over the age of 69? ☐ Yes ☐ No If Yes, please give details.

Name	Date of Birth	Occupation	DP. No.	DP. Issue Date	DP. Expiry Date	Class of License

**24. Details of previous motor insurance held by you or anyone else who will drive:**

- a) Name of Insurance Company: .....
- b) Are you entitled to No Claim Discount from your previous insurer(s) in respect of the vehicle proposed? .....
- c) If Yes, state percentage and attach original notice or letter of confirmation: .....

Details:

**25. COVERAGE**

- i) ☐ **Comprehensive Gold**      ii) ☐ **Comprehensive Silver**      iii) ☐ **Comprehensive Bronze**  
Settlement Basis:      ☐ Agreed Value (Valuation Required)      ☐ Agreed Depreciation (Valuation Required)      ☐ Market Value
- iv) ☐ **Third Party Fire & Theft**      v) ☐ **Third Party Only**  
Dates you require coverage:      From: ..... To: .....

**26. ADDITIONAL BENEFITS**

Do you wish to be covered for any of the under mentioned additional benefits?

*(Note that an additional charge is applicable for each benefit selected)*

- (a) Accidental breakage of glass to windows & windscreen: ☐ Yes ☐ No  
If Yes what value: (Comprehensive and Third Party Fire & Theft covers only) \$ .....
- (b) Roadside Assistance Service (Mandatory for ALL Private Registered Vehicles): ☐ Yes ☐ No
- (c) Loss of Use (Applicable to Comprehensive cover only): ☐ Yes ☐ No
- (d) Waiver of Excess (Applicable to Comprehensive cover only): ☐ Yes ☐ No
- (e) Do you require increased Limits of Liability in excess of the normal amount given under the policy. ☐ Yes ☐ No  
If Yes, please state limit required: .....
- (i) Bodily injury to any one person: \$ .....
- (ii) Bodily injury in respect of a series of claims arising out of one event: \$ .....
- (iii) Property Damage in respect of any one claim: \$ .....
- (iv) Property damage in respect of a series of claims arising out of one event: \$ .....

**Note:** (i) For Loss of Use cover, we will pay for a hired car for a maximum period of 14 days if your vehicle is the subject of an insurance claim under this policy. The type of hired car will not exceed 1600cc engine size and all arrangements for use will be made by us.

(ii) For Waiver of Excess, we will waive the excess for the first collision damage for insured and insured spouse only.

**27. Do you have any other insurances with the Company? If yes, please give details:**

.....

**28. Do you have any insurance covering the vehicle/s that you are proposing to insure? If Yes, please give details:**

.....

**29. FOR COMMERCIAL VEHICLES ONLY – Please answer these additional questions**

- (a) How many vehicles are garaged in the same building? (If more than one insured): .....
- (b) Give full details of all purposes for which the vehicle(s) will be used: .....
- (c) The nature of the goods to be carried: .....
- (d) Has the vehicle(s) been altered to carry a load heavier than that stated in the maker's specifications?  
If yes, please give details: .....
- (e) How many vehicles do you own? .....
- (f) State number of drivers employed by you: .....
- (g) Do you undertake cartage for other persons? .....
- (h) Will vehicle(s) be used for carrying passengers for hire or reward? .....
- (i) Will a trailer or trailers be used? ..... ☐ Yes ☐ No

**Note:** A trailer means any truck, cart, carriage or any other property that is capable of being moved on its own wheels. Trailers when insured are covered only while attached to the drawing vehicle unless identified by a number other than the registration number of the drawing vehicle.

If Yes, give details:

Maximum number of trailers drawn: .....  
Maximum carrying capacity Cwt./Kg: .....  
Proposer's estimate of value: .....

#### DISCLOSURE

All important facts which 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 us, your agent or broker. Failure to disclose these facts may invalidate the policy.

#### DECLARATION AND SIGNATURE

I/We desire to insure with the Company in respect of the vehicle(s) described in the above Proposal. I declare that to the best of my knowledge and belief the information on this form is true in every respect. I also declare that if anything on this form was written by another person, he or she acted as my agent for this purpose. I agree that this proposal and declaration will be the basis of the contract between me and the Company. I/We further agree that if the above information changes, the company shall be immediately notified.

**Date:** ..... **Proposer's Signature:** .....

**Date:** ..... **Proposer's Signature:** .....

**Note:** (a) For Joint Insureds, the Proposal form must be signed by all Insureds

(b) For Company Insured vehicles the Company's stamp must be affixed to signature

According to Law persons 60 years and over are exempt from paying Government Tax. If you qualify for the exemption, kindly supply proof of age for our records.

The company reserves the right to refuse any Proposal. This insurance will not be in force until the Proposal has been accepted and the premium or deposit paid except as provided by any Official Cover Note issued by the Company.

#### FOR OFFICIAL USE ONLY:

##### Supporting documentation (individual clients)

- ☐ Personal photographic identification (e.g. Passport, National Identification Card or Driver's License along with Social Security Number or equivalent, if non-resident)
- ☐ Confirmation of permanent address (Recent original utility bill with full address – not more than 3 months old)
- ☐ Certified copy of Ownership
- ☐ Proof of No Claim Discount

##### Supporting documentation (corporate clients)

- ☐ Certified copy of corporate instruments (certificate and articles of incorporation or equivalent documents) or certified copy of partnership deed, registration of business name or equivalent documents
- ☐ Personal photographic identification for each senior officer/controller (e.g. Passport, National Identification Card or Driver's License along with Social Security Number or equivalent, if non-resident). These must show, at a minimum, the person's photograph, date of birth and signature
- ☐ Certified copy of ownership
- ☐ Proof of No Claim Discount