



Policy No. _____

A. Proposer's Details (This should be information about the owners of the vehicle)

1. Title _____ 2. Full Name/Business Name _____ 3. Alias _____ M F M S D O
4. Sex 5. Marital Status

6. Postal Address/Physical Address (Building Name/Apt. No., Parish, Country) _____ 7. National ID# / Business Reg. ID# _____

8. Date of birth DD/MM/YYYY _____ 9. Occupation and Employer / Nature of Business _____ 10. Telephone (work) _____

11. Telephone (Home) _____ 12. Cellular _____ 13. E-mail Address _____ 14. Driving Licence number _____

15. Country issued by _____ 16. Date of 1st issue DD/MM/YYYY _____ 17. Expiry Date DD/MM/YYYY _____ 18. Vehicle types licensed to drive _____

19. Place of Birth _____ 20. Nationality _____ 21. Country of Citizenship _____

22. Are you or are you affiliated with any high ranking Government, military or State Officials? Yes No If yes, please state affiliations _____

23. Is the annual premium to be paid in excess of \$10,000.00 local currency? Yes No If yes, please complete the Declaration of Source of Funds form.

24. Have you been in a vehicular accident in the past five (5) years whether resulting in a claim or not and whether driving your vehicle or someone else's vehicle? YES NO

25. If you answered YES to 24, please state: # of accidents in 5 years _____

26. Your damage cost to settle \$ _____ 27. 3rd party damage cost to settle \$ _____

28. Do you suffer from defective vision or hearing or from any disease of physical infirmity? YES NO

29. Has this driver ever been prosecuted for any traffic offences in the past 5 years? YES NO

30. Have you ever been refused insurance or had special conditions imposed or previous insurances terminated? YES NO

31. If you have answered YES in 28, 29 or 30 please give details below _____

B. Particulars of vehicle(s) to be insured

First Vehicle

1. Registration # _____ 2. Main Driver _____ 3. Make & model of vehicle _____ 4. Type of body _____

5. Cubic capacity _____ 6. Year of Manufacture _____ 7. Seating capacity incl driver _____ 8. No. of Side Doors _____ 9. Date of purchase DD/MM/YYYY _____

10. Price Paid \$ _____ 11. Estimated total present value \$ _____ 12. Transmission Type: Manual Automatic 13. Vehicle Roof Type: Hard Top Soft Top Other

14. Colour of Vehicle _____ 15. Engine Number _____ 16. Chassis Number _____

17. Please indicate what this vehicle will be used for:
a. Motor Trade: b. Carriage of Own Goods: c. General Cartage: d. Carriage of passengers for hire or reward:
If you selected d. give the following details: Seating Capacity Including Driver _____ Max. Number of Passengers _____
If you selected b or c give the following details: Type of Goods _____ Max. Carrying Capacity of Vehicle _____
Value of Carrying Capacity of any Trailers _____

18. Has this vehicle been modified or converted from the marker's standard specifications or do you intend to do so? YES NO

19. Is this vehicle:
(a) owned by the proposer? YES NO
(b) registered in the proposer's name? YES NO

20. a. Has this vehicle ever been involved in an accident? YES NO
b. Is this vehicle new or second-hand? NEW SECOND HAND
c. Is this vehicle left or right hand drive? RIGHT LEFT
d. Does the vehicle have a Fibre Glass Body? YES NO
e. Was the vehicle ever written-off? YES NO

If YES to 18 or 19 give details _____

21. Name & Address of mortgagee or other interest _____

Second Vehicle

1. Registration # _____ 2. Main Driver _____ 3. Make & model of vehicle _____ 4. Type of body _____

5. Cubic capacity _____ 6. Year of Manufacture _____ 7. Seating capacity incl driver _____ 8. No. of Side Doors _____ 9. Date of purchase DD/MM/YYYY _____

10. Price Paid \$ _____ 11. Estimated total present value \$ _____ 12. Transmission Type: Manual Automatic 13. Vehicle Roof Type: Hard Top Soft Top Other

14. Colour of Vehicle _____ 15. Engine Number _____ 16. Chassis Number _____

17. Please indicate what this vehicle will be used for:
a. Motor Trade: b. Carriage of Own Goods: c. General Cartage: d. Carriage of passengers for hire or reward:
If you selected d. give the following details: Seating Capacity Including Driver _____ Max. Number of Passengers _____
If you selected b or c give the following details: Type of Goods _____ Max. Carrying Capacity of Vehicle _____
Value of Carrying Capacity of any Trailers _____

18. Has this vehicle been modified or converted from the marker's standard specifications or do you intend to do so? YES NO

19. Is this vehicle:
(a) owned by the proposer? YES NO
(b) registered in the proposer's name? YES NO

20. a. Has this vehicle ever been involved in an accident? YES NO
b. Is this vehicle new or second-hand? NEW SECOND HAND
c. Is this vehicle left or right hand drive? RIGHT LEFT
d. Does the vehicle have a Fibre Glass Body? YES NO
e. Was the vehicle ever written-off? YES NO

If YES to 18 or 19 give details

21. Name & Address of mortgagee or other interest

Form: 1-1

C. Particulars of persons likely to drive the vehicle regularly

Additional Driver 1

Title _____ 1. Full Name _____ DD/MM/YYYY 2. Date of birth _____ M F M S D O 3. Sex _____ 4. Marital Status _____

5. Driving Licence number _____ 6. Country issued by _____ DD/MM/YYYY 7. Date of 1st issue _____

DD/MM/YYYY 8. Expiry Date _____ 9. Vehicle types licensed to drive _____ 10. Occupation and Employer _____

11. In respect of this vehicle or any other driven by you, has any loss, damage or liability arisen whether insured or not in the past five (5) years? YES NO 12. If you answered YES to 11, please state: # of accidents in 5 years _____

\$ _____ 13. Your damage cost to settle \$ _____ 14. 3rd party damage cost to settle 15. Does this driver suffer from defective vision or hearing or from any disease of physical infirmity? YES NO

16. Has this driver ever been prosecuted for any traffic offences in the past five (5) years? YES NO 17. Has this driver ever been refused insurance or had special conditions imposed or previous insurances terminated? YES NO

18. If you have answered YES in 15, 16 or 17 please give details below

Additional Driver 2

Title _____ 1. Full Name _____ DD/MM/YYYY 2. Date of birth _____ M F M S D O 3. Sex _____ 4. Marital Status _____

5. Driving Licence number _____ 6. Country issued by _____ DD/MM/YYYY 7. Date of 1st issue _____

DD/MM/YYYY 8. Expiry Date _____ 9. Vehicle types licensed to drive _____ 10. Occupation and Employer _____

11. Have you been in a vehicular accident in the past five (5) years whether resulting in a claim or not and whether driving your vehicle or someone else's vehicle? YES NO 12. If you answered YES to 11, please state: # of accidents in 5 years _____

\$ _____ 13. Your damage cost to settle \$ _____ 14. 3rd party damage cost to settle 15. Does this driver suffer from defective vision or hearing or from any disease of physical infirmity? YES NO

16. Has this driver ever been prosecuted for any traffic offences in the past 5 years? YES NO 17. Has this driver ever been refused insurance or had special conditions imposed or previous insurances terminated? YES NO

18. If you have answered YES in 15, 16 or 17 please give details below

D. Insurance Needed

1. Tell us what type of insurance you need:

Comprehensive Third Party Fire & Theft Third Party Other

E. EXCESS: (1) Own Damage: \$ _____ (4) Undeclared Drivers: \$ _____
 (2) Young and/or Inexperienced Drivers: \$ _____ (5) Other: \$ _____
 (3) Theft: \$ _____

F. Tell us what additional cover or optional benefits you may need: Private Tuition: Windscreen Damage: Trailer Attached: Modify Excess: Other:
 \$ _____ \$ _____ \$ _____ \$ _____

G. Dates for insurance coverage DD/MM/YYYY Start Date DD/MM/YYYY End Date Please let us know the total number of vehicles you own: _____

H. Is the proposer entitled to a No Claim Discount from previous insurers in respect of any of the vehicles included? YES NO
 If YES, please attach the renewal notice or other proof.

I. Has the proposer been, or is now insured in respect of any motor vehicle? YES NO
 If YES, please state name and address of Company or Underwriter and Policy or Certificate Number

J. Important Notice

The questions on this proposal generally supply sufficient information for us to assess the risk. However, there may be some special feature concerning you or your vehicle, its location or use that is not covered by the questions but which might nevertheless affect our judgement. If you 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 judgement you should tell us, as failure to do so could invalidate the insurance.

K. Declaration

- (1) I declare & warrant that the above statements made by me or on my behalf are true & correct.
- (2) I agree that this proposal & declaration shall be the basis of the contract between me & the Company & I agree to accept a policy in the Company's usual form for this class of insurance.
- (3) I undertake that the vehicle(s) to be insured shall not be driven by any person who to my knowledge has been refused any motor vehicle insurance or continuance thereof.

Date DD/MM/YYYY Proposer's Signature _____

Ensure that you are fully insured. Ask for details of the following covers: (Tick those applicable)
 Fire and Perils () Business Interruption () Public Liability () Money () Employer Liability ()

Agent's No. _____ Agent's/Broker's Signature _____