



Policy No. \_\_\_\_\_

**A. Proposer's Details (Please fully answer all questions)**

1. Title \_\_\_\_\_ 2. Full Name/Business Name \_\_\_\_\_ M  F  M  S  D   
 3. Sex 4. Marital Status

5. Alias \_\_\_\_\_ 6. Date of birth DD/MM/YY \_\_\_\_\_ 7. Place of Birth \_\_\_\_\_ 8. Nationality \_\_\_\_\_ 9. Country of Citizenship \_\_\_\_\_

10. National ID# / Business Reg. ID# \_\_\_\_\_ 11. Postal Address/Physical Address (Building Name/Apt. No., Parish, Country) \_\_\_\_\_

12. Are you affiliated with any high ranking Government, military or State Officials? Yes  No  If yes, please state affiliations \_\_\_\_\_

13. 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.

14. Telephone (work) \_\_\_\_\_ 15. Telephone (Home) \_\_\_\_\_ 16. Cellular \_\_\_\_\_ 17. E-mail Address \_\_\_\_\_

18. Occupation and Employer / Nature of Business \_\_\_\_\_ 19. Company Registration no. \_\_\_\_\_

20. Driving Licence Number \_\_\_\_\_ 21. Country issued by \_\_\_\_\_ 22. Date of 1st issue DD/MM/YY \_\_\_\_\_ 23. Expiry Date DD/MM/YY \_\_\_\_\_ 24. Vehicle types licensed to drive \_\_\_\_\_

**B. Particulars of Motor Cycle to be Insured**

1. Registration # \_\_\_\_\_ 2. Chassis No. \_\_\_\_\_ 3. Engine No. \_\_\_\_\_ 4. Make and Model of Motor Cycle \_\_\_\_\_ 5. H.P or C.C \_\_\_\_\_

6. Date of Manufacture DD/MM/YYYY \_\_\_\_\_ 7. Price Paid by Proposer \$ \_\_\_\_\_ 8. Date of Purchase DD/MM/YYYY \_\_\_\_\_ 9. Estimated total present value \$ \_\_\_\_\_

10. Where will the motor cycle be kept? \_\_\_\_\_ 11. Will the motor cycle be used solely for domestic and pleasure purposes? Yes  No

If not, for what purposes will it be used? \_\_\_\_\_

12. (a) Is the proposer the owner of the motor cycle? Yes  No  (b) Is the cycle registered in the Proposer's name? Yes  No  (c) Is the cycle being acquired under a mortgage agreement? Yes  No

If yes to 12 (c), please state the name and address of Finance Company/ Mortgagee \_\_\_\_\_

13. For how long has the Proposer ridden a motor cycle? \_\_\_\_\_ 14. Number of Driving Permit \_\_\_\_\_

15. Does the Proposer or any other person who to the Proposer's knowledge will ride, suffer from defective vision or hearing or from any disease or physical infirmity? Yes  No

If so, give particulars \_\_\_\_\_

16. Has the Proposer or any other person, who to the Proposer's knowledge will ride been convicted during the past five years of any offence in connection with a motor cycle? Yes  No

If yes, give particulars below (including any prosecutions pending) \_\_\_\_\_

17. Has any Company or Underwriter at any time:- (a) declined a motor proposal from the Proposer? Yes  No  (b) required an increased premium or imposed special conditions? Yes  No  (c) cancelled or refused to renew an existing motor policy held by the Proposer? Yes  No  (d) required the Proposer to bear a part of losses arising under any section of the insurance? Yes  No

18. Has the Proposer been or is he now insured in respect of any motor vehicle? Yes  No

If so, state name and address of Company or Underwriter \_\_\_\_\_ Also state Policy or Certificate number \_\_\_\_\_

19. Is the Proposer entitled to a 'No Claim Discount' from previous insurers in respect of the cycle described in this Proposal? Yes  No  If so, please attach proof of NCD

20. Will the cycle be ridden solely by the Proposer? Yes  No

If Yes, please enter details of additional riders in Section C.

**C. Additional Riders**

**Additional Rider 1**

1. Full Name \_\_\_\_\_ 2. Occupation \_\_\_\_\_  
 D,D / M,M / Y,Y,Y,Y \_\_\_\_\_  
 3. Date of birth \_\_\_\_\_ 4. Sex \_\_\_\_\_ 5. Length of driving experience \_\_\_\_\_ 6. Driving Licence Number \_\_\_\_\_  
 7. Has any such person been refused insurance by any Company or Underwriter at normal rates and terms? Yes  No   
 \_\_\_\_\_  
 If so, please state \_\_\_\_\_

**Additional Rider 2**

1. Full Name \_\_\_\_\_ 2. Occupation \_\_\_\_\_  
 D,D / M,M / Y,Y,Y,Y \_\_\_\_\_  
 3. Date of birth \_\_\_\_\_ 4. Sex \_\_\_\_\_ 5. Length of driving experience \_\_\_\_\_ 6. Driving Licence Number \_\_\_\_\_  
 7. Has any such person been refused insurance by any Company or Underwriter at normal rates and terms? Yes  No   
 \_\_\_\_\_  
 If so, please state \_\_\_\_\_

8. Give particulars of any accidents of losses (whether resulting in a claim or not) during the last three years in connection with all motor vehicles owned or driven by the Proposer. If the Proposer has not owned or driven a motor vehicle during the last three years, please insert below the claims experience for the last three years of ownership and/or of actual driving of a motor vehicle.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**D. Claims Information**

Year 1	D,D / M,M / Y,Y,Y,Y Date _____ Total No. of Vehicles owned by the Proposer _____ Total No. of Accidents and Losses _____	Total Cost of Settled Claims			Outstanding Claims		
		Damage to Proposer's Vehicle	Third Party	Others	Damage to Proposer's Vehicle	Third Party	Others
		No. _____ \$ _____ Amount	No. _____ \$ _____ Amount	No. _____ \$ _____ Amount	No. _____ \$ _____ Amount	No. _____ \$ _____ Amount	No. _____ \$ _____ Amount
Year 2	D,D / M,M / Y,Y,Y,Y Date _____ Total No. of Vehicles owned by the Proposer _____ Total No. of Accidents and Losses _____	Damage to Proposer's Vehicle	Third Party	Others	Damage to Proposer's Vehicle	Third Party	Others
		No. _____ \$ _____ Amount	No. _____ \$ _____ Amount	No. _____ \$ _____ Amount	No. _____ \$ _____ Amount	No. _____ \$ _____ Amount	No. _____ \$ _____ Amount
Year 3	D,D / M,M / Y,Y,Y,Y Date _____ Total No. of Vehicles owned by the Proposer _____ Total No. of Accidents and Losses _____	Damage to Proposer's Vehicle	Third Party	Others	Damage to Proposer's Vehicle	Third Party	Others
		No. _____ \$ _____ Amount	No. _____ \$ _____ Amount	No. _____ \$ _____ Amount	No. _____ \$ _____ Amount	No. _____ \$ _____ Amount	No. _____ \$ _____ Amount

45. State insurance desired, deleting those not required (a) Comprehensive  (b) Third Party only  (c) Third Party, Fire and Theft
46. Please state if your motor cycle is: new  secondhand?  47. Was it involved in an accident? Yes  No

**E. Declaration**

I/We desire to insure with the Company in respect of the cycle described in the above proposal. I/We warrant that the above statements are true and complete and that nothing materially affecting the risk has been concealed by me/us, and I/we agree that this proposal shall be incorporated in and taken as the basis of the proposed contract between me/us and the Company, and I/we agree to accept a Policy in the Company's usual form for this class of insurance. I/We undertake that the cycle to be insured shall not be driven by any person who to my/our knowledge has been refused any Motor Vehicle Insurance or continuance thereof.

Date D,D / M,M / Y,Y,Y,Y \_\_\_\_\_ Signature \_\_\_\_\_