



MOTOR VEHICLE INSURANCE – PROPOSAL FORM

DATE ISSUED: _____

DETAILS OF PROPOSER

PREMIUM PAID: _____

1. NAME: _____
2. ADDRESS: _____
3. BUSINESS / OCCUPATION: _____ 4. TELEPHONE NO.: _____
5. ID CARD TYPE: _____ 6. ID NUMBER: _____
7. DATE OF BIRTH: _____ 8. EMAIL: _____

PERIOD OF INSURANCE

9. Insurance to commence on _____ 20 _____ to _____ 20 _____

DETAILS OF VEHICLE(S)

MAKE / MODEL	TYPE OF BODY	COLOUR	REG NO.	YEAR OF MAN.	CUBIC CAPACITY	SEATING CAPACITY	VALUE *	ENGINE / CHASSIS NUMBER

***NB:** It shall be the responsibility of the proposer to ensure that the Sum Insured provided for Comprehensive insurance is the true market value of the vehicle at inception and at every renewal. Such value(s) shall be the basis for loss settlement by the company. Further, the Company reserves the right to repair, replace or settle cash dependent on the extent of damage and or other considerations subject to the terms and conditions of the policy (Proposer can request for a copy of the policy for review)

10. Kindly provide a breakdown of value for head and trailer/bulk if vehicle is insured as a truck.

i) HEAD: YES VALUE _____ NO

ii) TRAILER/BULK: YES VALUE _____ NO

iii) DETACHABLE: Yes No

11. Type of Motor Policy preferred:

Comprehensive Third Party Fire & Theft Third Party

12. Is the vehicle in a **GOOD** state of repairs? Yes No

13. What is the **USE** of the vehicle? _____

14. Has the vehicle been **altered** or **modified** from the original state?

Yes No

15. Indicate the number of doors on the vehicle. _____

Front Doors _____ Passenger Doors _____

16. Are you the **owner** of the vehicle (Yes/No) and is it registered in your name?

Yes No



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17. Does any institution/person have any **FINANCIAL INTEREST** in the vehicle?

Yes No

If yes, state details _____

18. Has any insurance company ever in connection with any motor vehicle owned by you:

- | | | |
|----------------------------------|------------------------------|-----------------------------|
| a. Decline your proposal? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Charged you extra premium? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Refused to renew your policy? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Cancelled your policy? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

19. How many year(s) have you been driving without an accident? _____

20. Do you require an increase in your Third Party Property Damage limit?

Yes No

If Yes, state the amount of increase _____

21. Do you wish to buy back the policy Excess?

Yes No

DECLARATION

It is the duty of the proposer to disclose all material facts relevant to the risk. A material fact is one that is likely to influence our judgment and acceptance of your proposal. If your proposal is a renewal, it should include any change in facts previously advised to us. If you are in any doubt about facts considered material, disclose them. Please note that failure to disclose a material fact or if any information provided proves to be incorrect, we may void your policy and decline to pay any claim.

I/We declare that the statements and particulars made by me/us in this proposal are, to the best of my/our belief, complete and true and I/we agree that this proposal, together with any other information supplied by me/us, shall form the basis of the contract of insurance effected thereon.

I/We further declare and agree that if the statement and particulars above have been completed in the handwriting of any other person other than the undersigned, such person is deemed to be the representative of the proposer for the purpose of completing this proposal.

Signing this proposal form does not bind the **INSURER** to complete this insurance.

Date: _____ **Signature:** _____

Agent /Broker: _____