

## **MOTOR VEHICLE INSURANCE PROPOSAL FORM**

**In completing the Proposal Form please ensure that questions are answered fully and accurately and where necessary schedules giving further explanation are provided.**

### **IMPORTANT NOTICE CONCERNING DISCLOSURE**

It is your duty to disclose all material facts to Underwriters.

A material fact is one that is likely to influence an Underwriter's judgement and acceptance of your proposal. If your proposal is a renewal of an existing policy, it should also include any change in facts previously advised to Underwriters. If you are in any doubt as to whether or not facts are considered material, you should disclose them.

**PRIVATE CARS  COMMERCIAL VEHICLES  MOTOR CYCLES**

### **COVER**

**THE COMPANY ISSUES THE FOLLOWING ALTERNATIVE FORMS OF POLICIES**

**(a) COMPREHENSIVE**

Third Party liability for injury to persons and damage to property. Loss of or damage to the insured vehicle by accident, fire or theft, hurricane, earthquake, volcanic eruption, flood or any convulsion of nature, riot, strike or civil commotion.

**(b) THIRD PARTY FIRE & THEFT**

Third Party liability for injury to persons and damage to property. Loss of or damage to the insured vehicle by fire or theft.

**(c) THIRD PARTY OR ACT**

Third Party liability for injury to persons and damage to property.

**Policies (a), (b) and (c) include the cover required under the Third Party insurance legislation.**

<p>1. (a) Name of Proposer:</p>  <p>(b) Mailing Address: (including <b>Postal Code</b>)</p>  <p>(c) Telephone No./Fax No.:</p> <p>(d) Email address:</p> <p>(e) Occupation and nature of duties (including any part time occupation)</p> <p>(f) Date of Birth:</p> <p>(g) National Registration (ID) No.:</p> <p>(h) Have you approached any other United office for the same insurance?</p> <p>If 'Yes' which?</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Yes <input type="checkbox"/>      No <input type="checkbox"/></p> <p>.....</p>
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2. Particulars of Vehicle(s) to be Insured			
	1	2	3
(a) Registration No.			
(b) Engine No.			
(c) Chassis No. / VIN No.			
(d) Make			
(e) Model			
(f) Type of Body			
(g) H.P or c.c.			
(h) Year of Manufacture			
(i) Carrying or Seating Capacity			
(j) Date of Purchase			
(k) Price Paid			
(l) Present Value			
(m) Left or Right hand drive			

<p>3. Select your cover</p> <p>Indicate cover required - tick (✓) appropriate box</p>	<p><input type="checkbox"/> Comprehensive      <input type="checkbox"/> Third Party Fire and Theft</p> <p><input type="checkbox"/> Third Party      <input type="checkbox"/> Act</p>
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4. Use of vehicle(s)	
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<p>(a) Will the Vehicle be used only for private pleasure purposes or travelling to and from your place of business (but not used during the course of your business).</p> <p>(b) Will the vehicle be used during the course of your business or employment for commercial travelling or the carriage of goods and samples (i.e. for business purposes).</p> <p><b>NB.</b> The Private Car Policy does not cover rallies, speed testing, the carriage of passengers or the use of the vehicle for hire or reward, or any use in connection with the Motor Trade.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
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<p>5. Condition of vehicle(s)</p> <p>(a) Is the vehicle in a good state of repair?</p> <p>(b) Has the engine been specially modified or adapted to increase performance?</p> <p>(c) Has there been any other change(s) made to the vehicle other than that of the manufacturers' standard model?</p> <p>(d) Are spare parts stocked locally?</p> <p>(e) Has the vehicle been involved in any accident or was a write off?</p> <p>(f) Is the vehicle new or secondhand? If second hand, give name and address of previous owner</p> <p>(g) Will the vehicle be kept in a locked garage or fenced yard at night? If "No", state where.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>New <input type="checkbox"/> Second hand <input type="checkbox"/></p> <p>.....</p> <p>.....</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>.....</p> <p>.....</p>
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**N.B.** Any changes to the manufacturers standard model after the date of this application must be notified to the Company

<p><b>6. Ownership of vehicle(s)</b></p> <p>(a) Are you the sole owner of the vehicle(s) to be insured, and are they registered in your name?</p> <p>If 'No' please state particulars of ownership and registration.</p> <p>(b) Are any of the vehicles being financed by a Hire Purchase Agreement or other type of contract?</p> <p>If 'Yes' state name and address of finance company.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>.....</p> <p>.....</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>.....</p> <p>.....</p>
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<p><b>7. Fitness and your ability to drive</b></p> <p>Have you or any other person who may drive:</p> <p>(a) Suffered from defective vision, hearing or any other disability?</p> <p>(b) Now, or within the past 5 years, suffered from diabetes, fits, loss of consciousness or any complaint of the heart?</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
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8. Details of Drivers In respect of the Insured and all other persons who will normally drive the vehicle(s)			
	1	2	3
(i) Name	(i) The Insured	(i)	(i)
Address:	As in Question 1		
(ii) Do you hold a valid Drivers' Licence to drive the Insured vehicle?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
(iii) Occupation:	(iii)	(iii)	(iii)
(iv) Date of Birth:	(iv) As in Question 1	(iv)	(iv)
(v) Driver's licence details:	(v)	(v)	(v)
(a) Licence No:	(a)	(a)	(a)
(b) Original Date of Issue:	(b)	(b)	(b)
(c) Expiry Date:	(c)	(c)	(c)
(d) Licence Classes held:	(d)	(d)	(d)

8. Cont'd						
(vi) Driving convictions: (Please State)	(vi)		(vi)		(vi)	
Has your Driver's Licence ever been suspended or endorsed?	Yes <input type="checkbox"/> No <input type="checkbox"/>					
	1		2		3	
	YES	NO	YES	NO	YES	NO
(vi) Ever had motor insurances before?						
Ever had Insurances:						
(a) Cancelled / Declined / Not renewed?	(a)		(a)		(a)	
(b) Required to pay increased premium?	(b)		(b)		(b)	
(c) Special terms and conditions applied to you or anyone who will drive?	(c)		(c)		(c)	
If 'Yes' please state which Company						

9. Claims experience of drivers			
<p>Give particulars in the following schedule of any accidents or losses during the past 36 calendar months in connection with any motor vehicle or motor cycle owned or driven by you (including the Vehicle which is the subject of this proposal) and all other persons who to your own knowledge will drive. All accidents must be included whether insured or uninsured and whether resulting in a claim or not. If none, state "none" (ticks or dashes not accepted).</p>			
DATE	NAME OF DRIVER	BRIEF DETAILS OF INCIDENT	COST OF CLAIM

<p>10. If used for Carriage of goods</p> <p>(a) What is their general nature</p> <p>(b) Do you undertake cartage for other persons</p> <p>(c) Has the Vehicle been altered or adapted to carry a load heavier than that stated in the Maker's published specification.</p> <p><b>If answer to b) or c) is 'Yes', please give details.</b></p>	<p>.....</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> .....</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> .....</p>
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<p>11. If used for Carrying Passengers</p> <p>(a) Are the Passengers carried for hire or reward</p> <p>(b) Is the Vehicle used for public service</p> <p>(c) State class of vehicle licence</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> .....</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> .....</p> <p>.....</p>
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<p>12. (a) Will the Vehicle be driven solely by you?</p> <p>If 'No' state Total Number of Employees licensed to drive.</p> <p>(b) What is the Total Number of Motor Vehicles owned by you?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>.....</p> <p>.....</p>
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**NB.** Please read the following declaration very carefully and read again the questions and answers especially if not completed in your own hand, before signing the form.

## Declaration

I/We declare that to the best of my/our knowledge and belief:-

- (a) the above answers are true
- (b) all material particulars affecting the assessment of the risk have been disclosed
- (c) the vehicle(s) is/are in a sound and road-worthy condition.

I/We agree that this proposal and declaration shall be the basis of the contract between me/us and the Insurers and shall be deemed to be incorporated in such contract.

I/We undertake that the vehicles 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. The duty of disclosure applies to each Insured and it applies before we accept your proposal. It also applies whenever you renew, extend, vary or re-instate a policy of insurance.

## Signed by Proposer

Name (Please print) .....

Signature ..... Date .....