



MOTOR VEHICLE INSURANCE – PROPOSAL FORM

PLEASE COMPLETE THIS FORM IN BLOCK LETTERS

DETAILS OF PROPOSER

1. NAME: _____
2. ADDRESS: _____
3. BUSINESS / OCCUPATION: _____
4. TELEPHONE NO.: _____
5. EMAIL: _____

DETAILS OF VEHICLE(S)

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

6. Type of Motor Policy preferred:
Comprehensive Third Party Fire & Theft Third Party
7. Is the vehicle in a **GOOD** state of repairs? Yes No
8. What is the **USE** of the vehicle? _____
9. Has the vehicle been **altered** or **modified** from the original state?
Yes No
10. Are you the **owner** of the vehicle (Yes/No) and is it registered in your name?
Yes No
11. Does any institution/person have any **FINANCIAL INTEREST** in the vehicle?
Yes No
If yes, state details _____
12. Has any insurance company ever in connection with any motor vehicle owned by you:
 - a. Decline your proposal? Yes No
 - b. Charged you extra premium? Yes No
 - c. Refused to renew your policy? Yes No
 - d. Cancelled your policy? Yes No
13. How many year(s) have you been driving without an accident? _____



MOTOR VEHICLE INSURANCE – PROPOSAL FORM

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

Yes No

If Yes, state the amount of increase _____

PERIOD OF INSURANCE

Insurance to commence on _____ 20 _____ to _____ 20 _____

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: _____