



NAME OF PROPOSER \_\_\_\_\_  
 AGE \_\_\_\_\_ D.O.B \_\_\_\_\_ Surname \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 NIB# \_\_\_\_\_ DRIVER'S LICENCE # \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_ HOUSE# \_\_\_\_\_ P. O. BOX \_\_\_\_\_  
 TEL.# \_\_\_\_\_ (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) E-MAIL ADDRESS: \_\_\_\_\_  
 EMPLOYER \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 OCCUPATION / BUSINESS \_\_\_\_\_ NATIONALITY \_\_\_\_\_

**PARTICULARS OF VEHICLE TO BE INSURED**

YEAR	MAKE & MODEL	TYPE OF BODY	C.C./C.I.	DATE PURCHASED & PRICE PAID	PRESENT VALUE	SERIAL NUMBER

Licence Plate Number \_\_\_\_\_ From whom was the vehicle purchased? \_\_\_\_\_

Coverage required (please tick & initial):  
 Comprehensive \_\_\_\_\_  Third Party \_\_\_\_\_  
 Third Party Fire & Theft \_\_\_\_\_  Act \_\_\_\_\_

- Do you own the vehicle and is it registered in your name? If no, give details.  
 \_\_\_\_\_
- State the name and address of Bank or Finance Company if vehicle is financed.  
 \_\_\_\_\_
- Is the loan in your name? If not, whose name is it in?  
 \_\_\_\_\_
- Do you have any non-motor insurance with us? If yes, give details.  
 \_\_\_\_\_
- For what purpose will the vehicle be used?  
 \_\_\_\_\_
- If vehicle will be used primarily on an island other than New Providence, state name of island.  
 \_\_\_\_\_
- Does your vehicle have any existing body damages? If yes, give details.  
 \_\_\_\_\_
- Has the vehicle ever been in an accident or declared a Total Loss or Salvage?  
 \_\_\_\_\_

9. Give the following details of all persons likely to drive (including Proposer).

Name	Relationship	Date of Birth	Occupation/ Place of Employment	Year licence obtained	Licence #
	Proposer				

- |   |  |
|---|--|
| <p>10. Has the vehicle been modified or fitted with oversized tires or a high performance engine or equipment? <span style="float: right;"><b>YES NO</b><br/>( ) ( )</span></p> <p>11. Have you, or to the best of your knowledge, any person likely to drive the vehicle(s) or has any Motor Vehicle under your control or belonging to you been involved in any accidents during the last five years? <span style="float: right;"><b>YES NO</b><br/>( ) ( )</span></p> <p>12. Have you or any person likely to drive held a full licence for less than two years? <span style="float: right;"><b>YES NO</b><br/>( ) ( )</span></p> <p>13. Have you or any person likely to drive been charged with a motoring offence? <span style="float: right;"><b>YES NO</b><br/>( ) ( )</span></p> <p>14. Will anyone under the age of 25 be driving? <span style="float: right;"><b>YES NO</b><br/>( ) ( )</span></p> | <p>15. Do you or any operator suffer from any physical impairment or medical condition? <span style="float: right;"><b>YES NO</b><br/>( ) ( )</span></p> <p>16. Has any company during the past five years, declined, cancelled, refused to renew or imposed conditions or an excess for you or any other person likely to drive? <span style="float: right;"><b>YES NO</b><br/>( ) ( )</span></p> <p>17. (a) Is the vehicle kept in a garage? <span style="float: right;"><b>YES NO</b><br/>( ) ( )</span><br/>(b) Is the vehicle fitted with an alarm? <span style="float: right;"><b>YES NO</b><br/>( ) ( )</span></p> <p>18. Have you made any claims over the past five years? <span style="float: right;"><b>YES NO</b><br/>( ) ( )</span></p> |
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If you have answered "YES" to any of the questions, give details below.

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19. (a) Do you have or have your ever held a Motor Vehicle Insurance Policy? ( ) Yes ( ) NO  
 If so, state: Name of Insurance Company: \_\_\_\_\_  
 Type of Insurance coverage held: \_\_\_\_\_ Period coverage held: \_\_\_\_\_
- (b) Are you entitled to a No Claim Discount? ( ) YES ( ) NO *If YES please attach evidence*

**Please tick if you decline the following coverages**

**OPTIONAL BENEFITS:** Would you like to buy the following additional covers?

(a) *Protected No Claim Discount* : ( ) YES ( ) NO      (b) *No Fault Benefit*:: ( ) YES ( ) NO

**I confirm that the optional benefits have been discussed with me and I decline as indicated** \_\_\_\_\_

<b>Driver Warranty</b>	<b>Premium</b>
	<b>Collision Deductible:\$</b>
	<b>Theft Deductible:\$</b>
Insurance to operate for _____ months from _____	20_____

I/we hereby warrant the truth of the above statements, and I/we have withheld no information whatever which might tend in any way to increase the risk of the Company or influence the acceptance of the proposal. I/We agree that this Proposal shall be the basis of the Contract between me/us and \_\_\_\_\_, and I/we further agree to accept a Policy subject to its conditions, to pay the premium thereon and warrant that the vehicle(s) is/are and shall be kept in good repair and condition. I/we further declare and agree that if the above Statements and Particulars are in the handwriting of any person other than the undersigned such person shall be deemed to have been my/our Agent for the purpose of filling in this Proposal Form. I/we undertake that the vehicle(s) 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. I/we further undertake immediately to disclose to the Company any alterations affecting the truth of the answers given above.

DATE \_\_\_\_\_ PROPOSER'S SIGNATURE \_\_\_\_\_

Rates will be quoted on receipt of the above particulars. The company reserves the right to decline any proposal.  
 No liability is accepted by the Company until the issue of the Policy and the payment of the premium, or the issue of a duly authorised Cover-Note.