

VEHICLE INSURANCE PROPOSAL FORM INDIVIDUAL OWNERSHIP

1. Details of Proposer

Name: Address:
Phone Nos: Email Address:
D.O.B: Gender:
Marital Status: NIN:
Occupation: Employer's Business:
Licence Class held:

2. Details of the Vehicle

Reg No.: Chassis No.:
Make: Model:
Cubic Capacity: Colour:
Engine No.: Seating Capacity:
Year of Manufacture: Registration/Purchase Date:
Current Mileage:
Does the vehicle have any security devices? Yes/No State devices:
Does the Vehicle have any Modifications? Yes/No
If yes, describe modifications and whether they are performance enhancing;
Purchase Price of vehicle: Estimated Present Value of vehicle:
Where is the vehicle parked during: the day:, at night:
Does any person or firm have a financial interest in the vehicle? Yes/No If yes, state the name:
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3. Details of Cover (Please tick where appropriate)

When would you like the cover to start?

What type of cover do you require? Comprehensive () Third Party Only ()

Extra benefits subject to additional premium:

Windscreen cover from Scr. 5000.00 to Scr. 20,000.00, limit required:

Personal accident to the driver up to Scr. 200,000.00. Yes/No

Loss of use: Scr. 5,000.00 () Scr. 8,000.00 () Scr. 12,000.00 ()

Loss of Earning (Applicable to Taxis Only): Scr. 2,800.00 () Scr. 5,600.00 () Scr. 8,400.00 ()

What percentage or how many years No Claims Discount do you have?

Have you been a permanent driver of any other vehicle over the previous years?

If yes, state the reg. no, insurer of the vehicle and number of years

Vehicle Use – Select one of the below:

- Social, Domestic and Pleasure ()
- Social, Domestic and Pleasure including Commuting ()
- Social, Domestic and Pleasure including business use but excluding hire and reward ()
- Self-drive ()
- Hire or reward ()
- Training/tuition ()
- Business Use – General Cartage ()
- Business Use – Own Goods ()

4. Details of Additional Drivers

Name	D.O.B	Gender	Occupation	Licence Class held & Date First Issued
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5. Claims History

Have you or any of the above mentioned drivers had any motoring claims over the last five years? Yes/No

If yes, kindly provide all the details requested below.

Claim Date	Who was at Fault	was NCD reduced	Total Claim Amount	Description of claim
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6. Details of Medical Conditions and Convictions

Do you, or any potential driver, suffer from any medical conditions of which the licensing authority should be made aware of? Yes/No

Have you, or any potential driver, ever been convicted during the past five years of an offence in connection with a vehicle? Yes/No

Have you, or any potential driver, had a claim refused or repudiated? Yes/No

If yes to any of the above, please explain:

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7. Declaration

I/We, in effecting insurance in accordance with the information provided in this proposal, declare and warrant:

- The statements in this proposal form are true.
- I/We have disclosed all matters which to my/our knowledge you should be aware of.
- In signing this form it does not bind the proposer to complete the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued.
- No insurance company has ever cancelled, declined or refused to renew or imposed special terms or cancelled any policy held by me/us.
- That I/We agree to accept the terms, exclusions, conditions and limitations of the Alliance Vehicle Insurance Policy.

Signature:

Date: