

Proposal for Vehicle Insurance

NO COVER IS IN FORCE UNTIL THE COMPANY HAS ACCEPTED THE PROPOSAL

All questions **must** be answered fully. Dashes are not sufficient. Please use BLOCK LETTERS
(Where questions require a "Yes" or "No" answer, tick that which is applicable)

| | | | |
|---|--------------------------------|---------|----------------------------|
| Proposer's Full Name | | | |
| Date of Birth | | P O Box | |
| Physical Address | | | |
| Telephone Number | Home: Work: | Fax: | E-mail: Cell. No: |
| Proposer's Occupation | | | Sports played |
| Period of Insurance | From: | | To: |
| Provide details of any other people who may drive your vehicle with your consent other than yourself and your spouse | | | |
| Name | Driver's License Number | | Relation to Insured |
| | | | |
| | | | |
| | | | |
| 1. Have you been or are you currently insured in respect of any vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/> Name of Present Insurers | | | |
| 2. Do you or any other person who to your knowledge will drive suffer from defective vision or hearing or from any physical infirmity or mental illness or are you or any other person who will drive over the age of 70 years? If "Yes", please give details and submit the relevant Medical Certificate. Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| 3. Have you had any accidents or losses during the past 36 months (whether resulting in a claim or not) in connection with any vehicle owned or driven by you? Has any person who to your knowledge will drive been involved in any accident? If "Yes" please give details. Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| 4. Have any Insurers verbally or otherwise in respect of the Proposer (and his / her spouse where the proposer is an individual or where the proposer is a partnership or a partner in a partnership or employee thereof or if a company its members or employees) who will drive the vehicle:- (a) Declined any proposal? Yes <input type="checkbox"/> No <input type="checkbox"/> (b) Required you specially to carry a portion of any loss? Yes <input type="checkbox"/> No <input type="checkbox"/> (c) Required increased premium or imposed special conditions? Yes <input type="checkbox"/> No <input type="checkbox"/> (d) Cancelled any policy? Yes <input type="checkbox"/> No <input type="checkbox"/> (e) Refused to renew any policy Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes" please give reasons | | | |
| 7. How would you like to pay for your policy? Termly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Annually <input type="checkbox"/> | | | |
| 8. Have you had your vehicle valued at a Valuation Centre? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", please state which centre and attach the relevant certificate | | | |

| Name of Registered Owner | Make and Model of Vehicle or Trailer | Type of Body | Reg. No. | Year | Engine No. | Chassis No. | Sum Insured | Cover Required |
|--------------------------|--------------------------------------|--------------|----------|------|------------|-------------|-------------|----------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

For multiple vehicles please provide any additional information that is of material on a separate sheet of paper if there is insufficient space.

About the Vehicle

1. **COVER** **Comprehensive** **Third Party Fire & Theft** **Third Party Fire & Damage** **Full Third Party**

2. Will it be used

a. solely for journeys between your home and permanent place of business/work without making business calls during such journeys and/or for social, domestic and pleasure purposes? Yes No

b. in connection with the motor trade? Yes No

c. In connection with any business or profession? Yes No

d. For the carriage of passengers (commuter omnibus/taxi) or goods for hire or reward? Yes No

e. For the purposes of sales or deliveries? Yes No

f. For the carriage of explosives or other hazardous goods? Yes No

g. For any other purpose not mentioned above
If "Yes", describe such purpose Yes No

h. Is the vehicle a rebuild Yes No

3. Is the vehicle being bought on terms? Yes No
Name of Hire Purchase Company

4. Does any person or organisation have an interest in the vehicle such as a bond or lien? Yes No
If "Yes", please give details

5. Is the vehicle kept in a locked garage at night? Yes No
If "No", please advise where it is kept.

6. Is the vehicle regularly serviced Yes No
If yes when was it last serviced?.....
And by which Garage

7. Please state type of security on the vehicle Immobiliser Alarm Anti Hijack Other None
Provide details of **Other** security system

8. Has the vehicle been modified in any way? Yes No
If "yes", give details

9. Please state country of origin for the vehicle e.g. ex Japan, ex British, etc

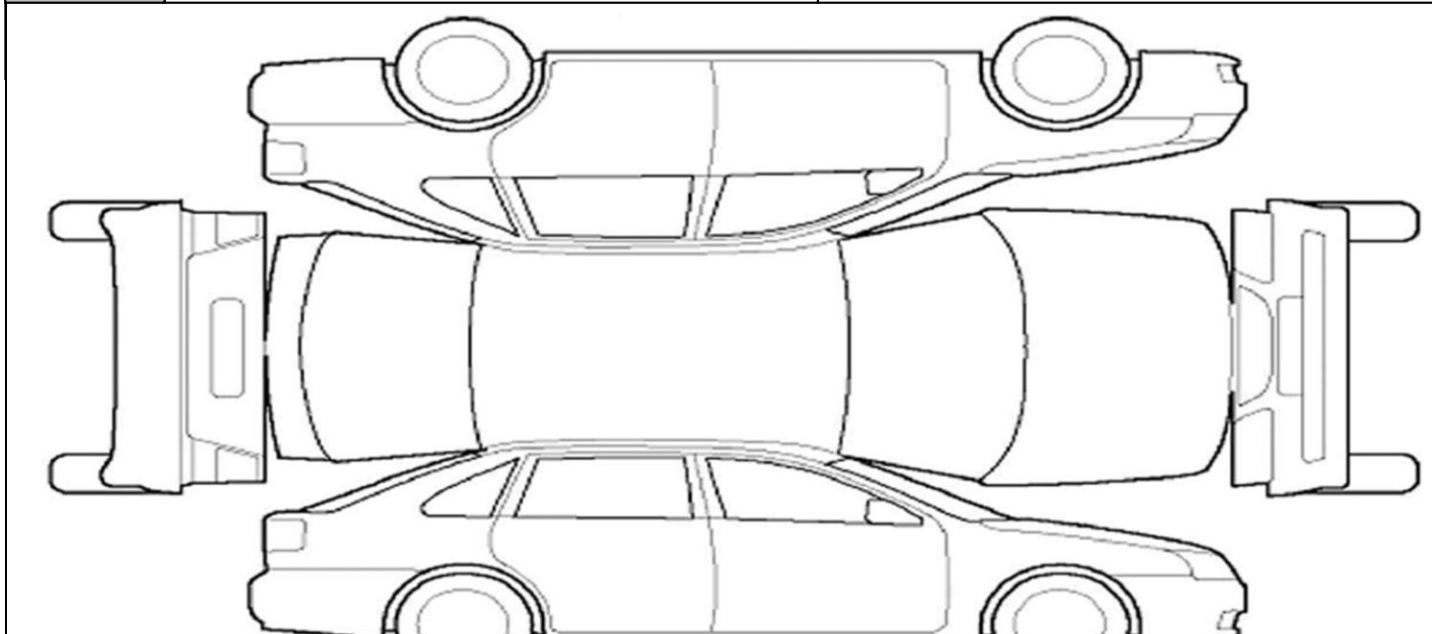
10. The policy limit for Car Radio/Tape/CD Audio Systems is 1% of vehicle sum insured; do you wish to insure your Audio System separately? Yes NO
Make/Serial No. Value \$

11. THIRD PARTY PROPERTY
DAMAGE LIMIT REQUIRED \$2,000.00 \$10,000.00 \$20,000.00 \$30,000.00 Others

State the limit required

12. FOR OFFICE USE ONLY

| | | | |
|----------------------------|--|-------------------|-------|
| Insured: | | Telephone: | |
| Advice Compiled by: | | Vehicle: | |
| | | Make: | _____ |
| | | Model: | _____ |
| Date: | | Year: | _____ |
| | | Reg. No.: | _____ |



| | | | |
|-------------------------------------|-------|----|-------------------------|
| Accessories / Modifications: | | | REMARKS/COMMENTS |
| Mileage Reading: | | | |
| Audio / Tape Player: | YES | NO | |
| Accident Condition: | _____ | | |
| Mechanical: | _____ | | |
| Upholstery: | _____ | | |
| Pre-accident damage: | _____ | | |

NO LIABILITY SHALL BE ASUMED BY VIRTUE OF THIS INSPECTION REPORT. THE INSURED SHOULD DISCLOSE ALL MATERIAL FACTS TO THE INSURER.

Underwritten by: _____ Date: _____

Approved by: Team Leader: _____ Date: _____

FOR OFFICE USE ONLY

CERTIFICATE OF PHYSICAL INSPECTION OF INSURED VEHICLE

1. PARTICULARS OF OWNER OF VEHICLE

- a. Name
- b. Address
- c. Occupation

2. DESCRIPTION OF VEHICLES

- a. Make/Type
- b. Engine No.
- c. Colour of Vehicle
- d. Reg. No.
- e. CC
- f. Chassis No.
- g. Mileage/KM
- h. Year of Manufacture
- i. Year of Registration
- j. Vin Number

SPECIFY DOCUMENT PRODUCED BY CLIENT WITH VEHICLE IDENTIFICATION PARTICULARS AND INDICATE DOCUMENT NUMBER IF AVAILABLE. (PHOTOCOPY VEHICLE IDENTITY DOCUMENT)

3. CONDITION OF VEHICLE AT TIME OF INSPECTION

- (a) Frame and Body Condition
- (b) Paint and Upholstery
- (c) Screen Glasses
- (d) Tyres
- (e) Place of Inspection.....Time

4. IS THE RADIO FITTED WITH A RADIO CASSETTE? YES/NO
If YES give make and serial No..... Value.....

5. IS THE VEHICLE FITTED WITH A GEAR LOCK/STEERING LOCK?
(a) If YES please give name/model

(b) Name of installer.....Date of installation

5. IS THE VEHICLE FITTED WITH AN ALARM SYSTEM OR ANY OTHER ANTI HIJACK SYSTEM? YES / NO

6. DOES THE VEHICLE HAVE A TOOL KIT AND SPARE WHEEL? IF YES PLEASE ITEMISE TOOLS
(i)

(ii)

DECLARATION

I hereby declare that I have personally inspected the vehicle described above.

NAME OF PERSON INSPECTING THE VEHICLE
POSITION IN COMPANY.....

Underwritten by: _____ Date: _____

Approved by: Team Leader: _____ Date: _____

13. The Insured further warrants that:-

- a) All the information provided herein is correct in all respects and that the insurer will not be held liable for any incorrect information presented.
- b) He/She is the owner of the vehicles and that in a case where change of ownership has not been effected into the insured's names, the insured has duly notified the insurer and furnished all the supporting documents in that regard.
- c) He/she has disclosed all the material facts necessary for the insurer to carry out an assessment of the vehicle, and that no liability shall extend to the insurer by virtue of any omissions and/or misrepresentations of any kind by the insured in this regard.
- d) He/She has voluntarily consented to the insurer carrying out the physical inspection and does not hold the insurer liable for the carrying out of such inspection on the vehicle.

14. Declaration

I/We do hereby declare that the vehicle(s) described is/are and shall be kept in an efficient condition and that the above statements are true and correct. I/we agree to accept a Policy of Insurance according to this proposal, subject to the terms, exceptions and conditions to be expressed in and on the Policy, and undertake to pay the premium when called upon to do so.

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.

Driver's Licence

Yes No

Copy of Registration Book

Yes No

Copy of Agreement of Sale

Yes No

Please ensure that definite replies to all questions have been furnished before signing this proposal.

| | | | |
|-----------------------------|--|-------------|--|
| Proposer's Signature | | Date | |
|-----------------------------|--|-------------|--|