



PROPOSAL FOR MOTOR VEHICLE INSURANCE

FULL NAME OF PROPOSER:

(State Mr. Mrs. or Miss)

ADDRESS:

TELEPHONE NO:.....

OCCUPATION:

DESCRIPTION OF VEHICLES

Registration Number	Make	Cubic Capacity	Year of Manufacture	Type of Body	Total Seating Capacity	New or Second Hand	Cost of Vehicle to Proposer

ENGINE NUMBER:CHASSIS NUMBER

LIST OF ACCESSORIES TO BE INCLUDED IN THE INSURANCE

Description	Type	New or Second Hand	Cost to the Proposer

Total Sum Insured

PRIVATE CARS ONLY:

1. Will the car be used for Private or Professional purpose only?
- 2.a Are you the owner of the vehicle.....
 b In whose name is the car registered.....
3. How long has the owner held a driving license?
4. Age of Proposer.....

COMMERCIAL VEHICLES ONLY

- 5. Give full particulars of all purposes for which the vehicle will be used
.....
- 6. If used for carriage of goods state general nature of goods
- 7. If any passengers carried, are the passengers carried for hire or reward?.....
- 8. Are the passengers carried incidental to a contract for the conveyance of goods or merchandise?

ALL VEHICLES

- 9. Where is the vehicle usually garaged?
- 10. Total number of vehicles owned by the Proposer and are the vehicles in a perfect state of repair?
.....
- 11. Are your vehicles periodically over-hauled and tested?
- 12. (a) Is the vehicle subject to a loan?
- (b) State name of Financier if you wish their interest to be endorsed on the Policy
.....
- 13. Have you ever been insured in respect of a motor vehicle? If so, state name of the company.....
- 14. Have you or any other person who to your knowledge will drive the insured vehicle
 - (a) had a proposal declined?
 - (b) a Policy canceled?
 - (c) a renewal refused?
 - (d) special condition imposed , or?
 - (e) been required to pay an increased premium:
 - (f) any physical or mental defect or infirmity or suffered from fits?.....
 - (g) defective vision or hearing?
 - (h) been convicted of a motor offense or is any prosecution pending?
.....
- 1. Are you entitled to a "No Claim Bonus" from your previous insurers in respect of any vehicle described in this proposal?

2. Give below particulars of accidents or losses during the past three years in connection with this or any other Motor Vehicle or Cycle owned or driven by you.

Year	Total No. of Vehicles owned by Proposer	Total No. of Accidents or Losses	Cost of repairing damage to vehicle	Cost of Third Party Claims	O/S Claims

- Type of Cover required:
(delete cover not required.)
- 1. COMPREHENSIVE
 - 2. THIRD PARTY FIRE AND THEFT
 - 3. THIRD PARTY ONLY
 - 1. "ACT" ONLY

DECLARATION

I/We declare and warrant that all statements and particulars here given are true, and that no information whatsoever has been withheld which tend in anyway to increase the risk to the Company or influence acceptance of this proposal. I/We agree that this declaration shall be the basis of the contract between me/us and the International Insurance Company (SL) Ltd and I/we agree to accept a Policy subject to the terms and exceptions and conditions prescribed by the Company therein to pay the premium thereon and keep the vehicle(s) in good repair condition. I/we further undertake that the vehicle(s) to be insured shall not be driven by any person who to my/our knowledge has been refused a motor vehicle insurance or motor cycle insurance or continuance hereof, or has been asked to pay an increased premium or to accept special conditions.

Insurance to commence on and expire

Proposer's SignatureDate

NOTE: No liability is undertaken until Proposal is accepted by the Company and Premium paid.

The Company reserves the right to decline any proposal submitted.
(Please give answers to all questions - Dashes or ticks are not sufficient).