

PRIVATE MOTOR VEHICLE INSURANCE PROPOSAL

COVER PROVIDED

The following alternative forms of cover are available: (see Question **19**)

- | | | | |
|----|----------------------------|---|--------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. | COMPREHENSIVE | - | Liability for injury to third parties, damage to property of third parties, and loss of or damage to the Insured Vehicle |
| 2. | THIRD PARTY FIRE and THEFT | - | Liability for injury to third parties, damage to property of third parties, and loss of or damage to the Insured Vehicle by fire or theft |
| 3. | THIRD PARTY | - | Liability for injury to third parties and damage to property of third parties |

EACH OF THESE QUESTIONS MUST BE ANSWERED COMPLETELY

PLEASE 1. USE BLOCK LETTERS		INDIVIDUALS ONLY DATE OF BIRTH Day Month Year
	(a) Name of Proposer(s) (in full) _____	
	(b) Address (home) _____ Contact (s) Tel No. _____ Mobile No. _____ E-mail Address _____	
	(c) Mailing Address (if different from home) _____ _____	
	(d) Trade, occupation, profession (include part-time) _____ Marital Status _____	
	(e) Driver's Permit No _____ Date of Issue _____ Class(es) _____ DD / MM / YY	
	(f) Name of Employer _____	
	(g) Address _____ _____ Telephone No _____	
2.	(a) Do you have any other insurance(s) with this Company? If 'YES' please give particulars	YES ___ NO ___
3.	Will anyone driving your motor vehicle (a) be less than 25 years of age? (b) have less than 2 years regular driving experience? If 'YES' to either of these please give	YES ___ NO ___ YES ___ NO ___
	Driver's Name _____ Date of Birth _____	
	Driver's Permit No _____ Date of Issue _____ Class (es) _____	
4.	Have you, or has anyone who will drive your motor vehicle, ever suffered from defective vision, hearing or any other physical disability or infirmity? If 'YES' please state the nature of the disability or infirmity and whether any corrective actions have been undertaken	YES ___ NO ___
5.	Have you, or has anyone who will drive your motor vehicle, ever been convicted of any offence in connection with the driving of any motor vehicle? If 'YES' please state the date and nature of the conviction	YES ___ NO ___

6. Are you now insured or have you ever insured a motor vehicle in your name? **YES**____ **NO**____
If 'YES' please state the name(s) and Branch office(s) of the Insurers, Policy No (if known), Vehicle No. and "No Claim Discount" (if any)
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7. Have you been driving a Motor Vehicle regularly during the past twelve months **YES**____ **NO**____
If 'NO' please state how long has it been since you drove regularly
-
8. Has any Insurer ever
(a) declined your proposal? **YES**____ **NO**____
(b) increased your premium? **YES**____ **NO**____
(c) imposed special conditions on your policy? **YES**____ **NO**____
(d) refused to continue or renew your policy? **YES**____ **NO**____
(e) cancelled your policy? **YES**____ **NO**____
 If 'YES' to any of these please give details
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9. PARTICULARS OF THE MOTOR VEHICLE (S) TO BE INSURED

Licence Reg. No.	Make & Model	Type of Body	Cubic Capacity	Year of Manufacture	Seating Capacity Including Driver	Purchase Date & Price	Market Value Including Accessories	Engine Number	Chassis Number

Please state the separate value(s) of the following if included in the market value above and installed by present or any previous owner:-

Tape Deck/Radio \$ _____ CD Player \$ _____
 Mag Rims \$ _____ Any other major accessories \$ _____

NOTE: You are required to ensure that the Sum Insured is revised each year to reflect the current market value as claims will be settled on an indemnity basis. For total losses you will be paid the assessed pre-accident value provided the Sum Insured is adequate

10. Have you, or has anyone who will drive your motor vehicle, ever had any accidents or made any claims (including windscreen damage claims) during the past three years in connection **with this or any other motor vehicle?** **YES**____ **NO**____
 If 'YES' please give details

GIVE A SEPARATE ANSWER FOR EACH YEAR

Year	Number of Vehicles owned	Number of Claims Or Accidents	Damage To your vehicle	Other Damage	Outstanding	Remarks

11. **(a)** When not in use where will your motor vehicle be kept (in your answer please indicate whether the vehicle is in a locked garage, or open carport within a fenced and locked area, or otherwise)
(i) during the day? _____
(ii) during the night? _____
(b) Please state how many vehicles will be kept at the same premises _____
12. Has your motor vehicle been modified in any way or fitted with oversized tyres or a high performance engine or equipment? **YES**____ **NO**____
 If 'YES' please give details
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13. Is your motor vehicle
(a) New? _____ Second-hand? _____ Foreign used? _____
(b) Left hand drive **YES**____ **NO**____
(c) registered in your name? **YES**____ **NO**____
(d) the subject of a Hire Purchase or Mortgage Agreement? **YES**____ **NO**____
 If 'YES' please state name and address of the finance company
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14. Has your motor vehicle ever been involved in an accident? **YES**____ **NO**____
 If 'YES' please give details

15. Is your motor vehicle fitted with an anti-theft device? **YES**___ **NO**___
If 'YES' please state the name and type of such device and date installed
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16. Will the vehicle be used to draw any trailer? **YES**___ **NO**___
If 'YES' please give particulars - Licence Registration Number _____ Make & Model _____
17. Will your motor vehicle be used
(a) for any purpose in connection with a business or trade? **YES**___ **NO**___
If 'YES' please give details
-
- (b) for racing pacemaking speed testing competitions rallies or trials or
the carriage of passengers for hire or reward? **YES**___ **NO**___
If 'YES' please give details
-
- (c) only for social domestic and pleasure purposes and for travelling to
and from your place of business? **YES**___ **NO**___
If 'NO' please state for what other purpose the vehicle will be used
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18. Is your motor vehicle in good condition and repair and will it be kept so? **YES**___ **NO**___
19. Type of cover required is
COMPREHENSIVE ___ THIRD PARTY FIRE and THEFT ___ THIRD PARTY ___
20. **OPTIONAL EXTRA BENEFITS (Available at an additional cost for each item selected)**
Do you wish to extend the policy: to include-
- (a) windscreen and ALL glass damage? **YES**___ **NO**___
If 'YES' please indicate limit required: _____
- (b) loss damage and/or liability arising from flood typhoon hurricane windstorm tornado
earthquake volcanic eruption or any other convulsion of nature? **YES**___ **NO**___
- (c) Personal Accident Benefit to un-named Passengers (between ages 17 and 65)
for the full seating capacity of the vehicle **YES**___ **NO**___
- (d) Loss of Use Allowance (up to a maximum of 10 days) **YES**___ **NO**___
- (e) Increased Legal Charges **YES**___ **NO**___
If 'YES' Please indicate Limit required: _____
- (f) Increased Third Party Limits of Liability **YES**___ **NO**___
If 'YES' please indicate Limits: Bodily Injury _____ Property Damage _____
21. Period of Insurance from _____ to _____

DECLARATION

I/We wish to effect insurance with **Guardian General Insurance Limited** on the terms conditions and exclusions of the Policy to be issued by the Company.

I/We warrant that the statements and particulars given by me/us in this proposal are to the best of my/our knowledge and belief:-

- (a) true and complete
(b) no material fact affecting the assessment of the risk has been misrepresented mis-stated suppressed or withheld
(c) the motor vehicle is in good condition and repair.

I/We agree that this Proposal and declaration shall form the basis of the contract between me/us and **Guardian General Insurance Limited** shall be deemed as incorporated in the Policy to be issued

Proposer's Signature _____ **Date** _____

NOTE: POLICIES ARE ISSUED ON A NAMED DRIVER BASIS WITH COVERAGE BEING AFFORDED TO THE PERSON NAMED IN THE PROPOSAL ONLY. A COMPLETED NAMED DRIVER FORM IS REQUIRED FOR EACH ADDITIONAL NAMED DRIVER.

I/We understand that the policy is on a Named Driver basis and that no cover is afforded if my/or motor vehicle is operated by any person not named as a Driver and that a completed Named Driver Form is required for each additional named driver.

Proposer's Signature _____ **Date** _____