



MOTOR PRIVATE PROPOSAL FORM

Paybill: 600112

SECTION A: PROPOSER'S DETAILS



1. Agency / Broker: _____

2. Name of Proposer: _____

Corporate name of the Company: _____

3. PIN No: _____ ID/Passport No: _____ Date of Birth: DD / MM / YYYY

4. Postal Address: _____ Postal Code: _____ Town: _____

5. Telephone Number: _____ Mobile Number: _____ Fax: _____

6. Email Address: _____ Occupation: _____

7. Residence: _____ Name of Financer (if any): _____

8. Driving License No: _____ Driving Experience: _____

9. Driving License Date of Issue: _____

10. Details and amount of losses in the last 5 years: _____

11. Are you entitled to any No Claim Discount (NCD)? Yes: No: If yes, attach evidence

Name of Previous Insurer (s): _____

12. Has any insurance company: Yes: No:

a) Declined your proposal? Yes: No:

b) Cancelled or refused to renew your policy? Yes: No:

c) Required an increase premium on renewal? Yes: No:

If yes to any of the above, please give details:

13. Are you currently insured by CIC under any other Cover/Policy? Yes: No: If yes, please give details:

14. Is the vehicle registered in your name? Yes: No: If No, give details _____

15. Is the vehicle used for:
a) Social, domestic and leisure purposes? Yes: No:
b) Carriage of goods or passengers for hire or reward? Yes: No:
c) Carriage of goods in connection with your own or employer's business? Yes: No:
If Yes for b) or c) give details _____

16. Will the vehicle be driven by other drivers other than the proposer? Yes: No:
If yes, provide names of these other drivers including driving experience.

| Name of other driver(s) | Years of driving experience |
|-------------------------|-----------------------------|
| i) _____ | _____ |
| ii) _____ | _____ |
| iii) _____ | _____ |

If the vehicle is driven by other drivers, other than those listed above, the policy may have an additional excess imposed.

17. Is any anti-theft device installed? Yes: No:
(Attach copy of certificate)

18. Please select type of cover: Standard: Lady Auto: Religious:

19. Period of Insurance: From: _____ To: _____

DECLARATION:

I / We do here by declare that the above answers and statements are true, and that I/We have withheld no material information regarding this proposal.

Date: _____

Signature of proposer: _____

Rubber Stamp / Seal: _____

FOR OFFICIAL USE ONLY:

Are these documents attached?
a) Copy of Log Book Yes: No:
b) Copy of Driving Licence Yes: No:
c) Copy of Anti Theft Certificate Yes: No:
d) NCD Letter Yes: No:
e) Copy of PIN Yes: No:

