



# MOTOR VEHICLE PROPOSAL

AGENT NO

POLICY NO

INSURED ..... PHONE NO: .....

POSTAL ADDRESS .....

OTHER INTERESTED PARTY & ADDRESS (Please note if under Hire Purchase, Lease or Bill of Sale etc.) .....

PERIOD OF INSURANCE: FROM ..... TO ..... AT 4 P.M.

Year Model	Make and Description of Vehicle and Type of Body	Engine and Chassis No.	Price Paid	Registration No.	Sum Insured (Market Value)

**ALL QUESTIONS MUST BE ANSWERED IN FULL**

- a What is the purpose of use .....

b What is your vehicle's fuel type (LPG/ Diesel/ Petrol) .....
- The number of years the Driver has had Comprehensive Insurance .....
- Is the vehicle at present in a sound condition with a current Warrant/Certificate of Fitness? YES  NO
- Has the vehicle been modified in any way? YES  NO
- Will passengers be carried for hire or reward or will the vehicle be let out on hire? YES  NO
- Do you or does any person who to your knowledge will drive suffer from or have a history of
  - defective vision or hearing or from any disease or physical or mental infirmity or fits of any kind
  - any disease or infirmity necessitating the prolonged use of drugs or mechanical aids?
 YES  NO   
 YES  NO
- Have you or any other person who to your knowledge will drive
  - (i) had a proposal declined
  - (ii) been required to pay an increased premium or had special terms imposed, or
  - (iii) had a policy cancelled or been refused renewal?
 YES  NO   
 (b) been convicted of any offence in connection with a motor vehicle, been disqualified from driving or is any prosecution or police enquiry pending? YES  NO
- Do you want ferry crossing cover? YES  NO
- Is there any unrepaired damage on the vehicle YES  NO
- Do you want rental Cover cost up to \$2000 (optional) YES  NO

11. Details of all Drivers

Full Names (Regular Driver)	Sex M or F	Date of Birth	Age	Driving Experience	% of use

12. Have you had a motor vehicle accident or claim? Yes or No. If "yes", complete below.

Date	Details	Insurance Co	Approximate Amount	Driver	Bouns Lost
					Yes/No
					Yes/No
					Yes/No
					Yes/No

Premium Details

.....  
 .....  
 .....

Premium \$ .....

Stamp Duty \$ .....

Amount Payable \$ .....

**EXCESS**

- |                                 |     |
|---------------------------------|-----|
| Standard                        | NIL |
| \$350 <input type="checkbox"/>  | 5%  |
| \$500 <input type="checkbox"/>  | 10% |
| \$750 <input type="checkbox"/>  | 20% |
| \$1000 <input type="checkbox"/> | 25% |

Please indicate with a tick (✓) Discounts Private Vehicle only

Replacing Policy No. ....

Cover Note No. ....

The company will be free from all liability until the proposal has been accepted and the policy issued.

**DECLARATION**

I/We declare and warrant the truth of the foregoing statements and agree that this Proposal and Declaration shall be the basis of contract for this insurance and I/We further agree to accept the Company's Policy subject to the terms and condition and exceptions contained therein

Proposers Signature .....

Date .....