



Industrial and General Insurance Plc

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MOTOR PRIVATE CAR INSURANCE PROPOSAL FORM (INDIVIDUAL)

IMPORTANT: Kindly complete this form carefully and fully, failure to disclose all facts likely to influence the acceptance and assessment of this proposal could affect settlement of claims or invalidate your policy. If you are aware of any fact likely to influence the proposal kindly disclose them in the space provided at the end of this proposal. If any answer has been written by any other person(s), such person(s) shall for that purpose be regarded as the agent of the proposal and the agent(s) Insurer.

PERSONAL DETAILS

PLEASE COMPLETE IN BLOCK LETTERS

Proposer:

Surname

Firstname

Middlename

Please specify Title

Mr

Mrs

Miss

Others

Sex: Male

Female

Marital Status:

Single

Married

Divorced

Separated

Widowed

Date of Birth

(dd/mm/yyyy)

Occupation

Are you self employed?

Yes

No

Resident Address: Line 1

Line 2

Line 3

Town

State

Postal Address:
(if different
from above)

Line 1

Line 2

Line 3

Town

State

Telephone Nos.

Home

Office

Mobile / GSM

Fax

Email

Website

Wedding Anniversary Date (if applicable)

Insurance Required (Dates)

From

To

NEXT OF KIN / EMERGENCY CONTACT

Name

Relationship

Contact Address: Line 1

Telephone

Line 2

Line 3

Town

State

1.

REGISTRATIO NUMBER	MAKE OF VEHICLE	ENGINE NUMBER	CHASSIS NUMBER	TYPE OF BODY	CUBIC CAPACITY	YEAR OF MAKE	NO. OF SEATS	ESTIMATE OF VALUE

Yes

No

2. (i) Do you solely own the Car(s)?

(ii) Is/Are the Cars being hired or under hire
Purchase agreement?

(iii) Did you obtain loan to purchase the car?

If answer to 2(ii) or (iii) is YES, give details

3. Apart from your personal use for Social, Domestic and Business purposes, do you expect the Car to be used for?

Yes

No

(i) Business purpose by any other person?

(ii) Carriage of goods in connection with any business?

(iii) Commercial traveling or in connection with any reward?

(iv) Carriage of passenger or goods for hire or reward?

If answer to 3(i) to 3(iv) is YES, give details

DRIVER'S DETAILS

Yes

No

1. Will the Car be driven:

(i) Exclusively by you?

(ii) By Paid Driver?

If answer to 1(ii) above is YES, give details of name, and the driver's driving experience

2. Who else will drive the Car other than a fully licensed authorised driver above age 18?
Give details on a separate sheet.

3. Have you or any other person who, to your knowledge will drive ever:

Yes

No

(i) Been involved in any motor accident in the last
Five years?

(ii) Suffered or suffering from defective vision,
hearing or any other physical disability?

(iii) Been convicted of any motoring offense of any
Kind in the last five years or have a prosecution
Pending?

INSURANCE HISTORY

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Have you previously held insurance of this type? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has any company in respect of Motor Insurance or any other class of Insurance ever: | | |
| (i) declined your proposal? | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) Cancelled or refused to renew your policy? | <input type="checkbox"/> | <input type="checkbox"/> |
| (iii) Imposed any special term? | <input type="checkbox"/> | <input type="checkbox"/> |

If YES to any question in 1 or 2 above, give details.

COVERS REQUIRED

- Please tick cover required:
- Comprehensive
- Third party fire and theft
- Third party risks only
- State claim discount enjoyed at last renewal (Attached last renewal notice)

Are there any additional facts likely to affect the proposed insurance which should be disclosed to underwriters? **Yes** **No**

If YES, give details:

DECLARATION

I/We humbly declare that to the best of my/our knowledge and belief, the information supplied in this proposal form is true and complete. I/We understand that cover is not effective until acceptance of this proposal is confirmed and payment effected.

Signature of proposer Date Agent

PRINCIPAL EXCLUSION AND CONDITIONS

The company shall not be liable to pay for:

- Consequential loss, depreciation, wear, tear, mechanical or electrical breakdown, own failure or breakages, overloading strain or damage to tires unless the vehicle is damaged at the same time.
- Accident, loss or damage and/or liability caused by or sustained or incurred whilst the vehicle is being used other than for the purpose specified or being driven by any person not authorized or licensed.
- War, strike, Riot, civil commotion, flood, Typhoon, Hurricane, etc (cover available on payment of additional premium)
- Death or bodily injury to third parties or damage to their property unless legal liability is established.
- Any amount in excess of the policy limits.
- The above principal exclusion and conditions are only an abbreviated form of full terms and conditions of the policy. It is suggested you fully avail yourself of the full exclusion and conditions by requesting/sighting of a specimen policy from the company.

IMPORTANT NOTICE

- Keep a record of all information supplied to us (including copies of letters) as part of this proposal
- A copy of the completed proposal form will be supplied on request
- A copy of the policy form is available on request for verification prior to completion of the contract.
- Notice is to be given immediately to the company of any incidence or occurrence which may give rise to a claim under the policy.
- The comprehensive private motor policy covers:
 - (i) Legal Liability to Third Parties including passenger
 - (ii) Loss of or damage to the Motor Car resulting from Accident Collision or Overturning, Fire, Theft etc.
 - (iii) Medical Expenses for injury to the occupants of the car.