



PROPOSAL FOR MOTOR VEHICLE INSURANCE (Page 1 of 3)

PLEASE GIVE DEFINITE ANSWER TO EACH QUESTION

1. PARTICULARS OF PROPOSER

- a) Name(s) of Proposer(s) (in full):
- b) Address:
- c) Date of Birth: **If a Company – Date Commenced Operation**
- d) Contact Information: Tel: Home: Mobile: Other
- e) Proposer's Business/Profession: Employer:
- f) E-mail Address (es) (1) (2)
- g) Date of 1st License License Number
- If Proposer is a Company:**
- h) Name of Principal Driver Address:
- i) Date of Birth:
- j) Contact Information: Tel: Office Mobile Other:
- k) Date of 1st License License Number

2. PARTICULARS OF VEHICLE TO BE INSURED

REGISTERED LETTER(S) AND NUMBER	ENGINE AND CHASSIS NUMBERS		MAKE	TYPE OF BODY	C.I./C.C./H.P.
	E:				
	C:				
YEAR OF MAKE	SEATING CAPACITY INCLUDING DRIVER	DATE OF PURCHASE	PRICE PAID	PROPOSER'S ESTIMATE OF PRESENT VALUE (INCLUDING ACCESSORIES)	

TYPE OF TRANSMISSION Automatic Manual COLOUR:

3. (a) What cover do you require? (Tick one): (a) Comprehensive (b) Third Party (c) Third Party, Fire & Theft

4. Do you require coverage for the following optional riders?

- | | | |
|----------------------------------|-----|----|
| (a) Acts of God | Yes | No |
| (b) Riot & Strike | Yes | No |
| (c) Windshield | Yes | No |
| (d) Alternative Transportation | Yes | No |
| (e) Personal Accident | Yes | No |
| (f) No Claim Discount Protection | Yes | No |

5. (a) Was the vehicle bought new, second hand (used) or reconditioned?

(b) Is the vehicle in a good state of repair Yes No

6. (a) Will the vehicle be used mostly for Social, Domestic & Pleasure purposes: Yes No

(b) If not, for what purpose will it be mostly used?

(c) Will it be used by you in person? Yes No

(d) Will it be used for the carriage of samples in connection with your trade/profession? Yes No

(e) Will it be used for commercial travelling in connection with the motor trade, for hire or reward? Yes No

7. (a) Are you the sole owner of the vehicle and is it registered in your name? Yes No

If not, state name and address of person/institution in whose name is it registered:

(b) Is the vehicle the subject of a hire-purchase agreement or bank loan? Yes No

If so, state name and address of the finance company/bank:

Initials:

8. (a) Where do you keep the vehicle at night?

(b) Is the vehicle fitted with any burglar-prevention device: Burglar Alarm Steering Lock Ignition Lock
 "The Club" Other: _____

(c) What accessories have been fitted to the vehicle since its purchase: Radio Tape Deck Air Condition
 Other _____ None

9. (a) Do you require coverage for "Named Drivers" or "Any Authorised Driver" Named Drivers Any Authorised

(b) If "Named Drivers", provide details on individual drivers:

NAME	AGE	DRIVING EXPERIENCE	RELATION TO PROPOSER	NUMBER OF ACCIDENTS IN PAST 3 YEARS

(c) If "Any Authorised Driver", will any driver be less than 25 yrs, over 70 yrs or licensed for less than 2 years? Yes No

10. Are you, or any named drivers insured under another policy in respect of "any motor vehicle" ? Yes No

If so, please state (a) Name & Address of Insurance Company

(b) Policy Number

11. Has any insurer ever: (a) declined your proposal? Yes No

(b) required you to bear the first amount of any loss? Yes No

(c) required an increased premium? Yes No

(d) refused to renew or cancelled your policy? Yes No

12. Give record of accidents and/or losses occurring during the last sixty (60) calendar months in connection with any motor vehicle owned or driven by you, insured or uninsured –including any claims outstanding:

Year	Total Number of Motor Vehicles owned by Proposer	Damage to motor vehicles owned or Driven by Proposer				Damage to motor vehicle / property owned by Third Party				Others			
		Paid		Outstanding		Paid		Outstanding		Paid		Outstanding	
		No.	Amount	No.	Amount	No.	Amount	No.	Amount	No.	Amount	No.	Amount

DETAILS:

13. Have you ever been convicted of any major Traffic Offences? Yes No

If so, state when and give details:

14. Do you or any other person, who to your knowledge will drive, suffer from any defective vision, hearing or other physical infirmity?

If so, please give details:

15. Do you consume Alcoholic beverages? Yes No (b) If yes, what type? :

(c) How often? (d) Is it more than 10% alcoholic content? Yes No

(b) How much?

16. (a) Are you entitled to a No Claims Discount from your previous insurers? Yes No

If so, please indicate how much, and attach verification from previous insurers. %

(b) Do you wish to protect it? Yes No

Period of cover required: From: _____ To: _____

Initials:

DECLARATION

I / We hereby indicate my/our desire to insure with TDC INSURANCE CO. LTD., the motor vehicle described in the above proposal and I / We warrant that the foregoing statements and particulars are true. I / We agree that the declaration shall be the basis of the contract between me/us and the Company.

I / We further agree that if this proposal in any particular is filled in by any other person, such person shall be deemed my / our agent and not the agent of the Company. I / We further declare that I / We have read and understood all particulars herein and I / We have affixed my / our signature(s) hereto, verifying the same to be true and complete in all respects.

I / We further declare that I / We am / are willing to accept the Company's policy subject to the following clauses and warranties.

1. Compulsory Excess:
 2. Excess of in case of Fire or Burglary
 3. Excess of if a Named Driver Policy and at the time of the accident the named driver is:
 - (a) Under 25yrs / Over 70 yrs of age, or
 - (b) Holds a license for less than two (2) years
 4. Excess of in respect of loss or damage resulting from flood whilst the vehicle is parked in Any Ghaut.
 5. Other: \$ Please specify:
-

I was referred by

Dated this day of 20 at (time) a.m / p.m.

Signed at:

Signature of Proposer :

NB: NO INSURANCE IS IN FORCE UNTIL THE PREMIUM OR A DEPOSIT HAS BEEN PAID. NO ACKNOWLEDGEMENT OF ANY PREMIUM OR DEPOSIT IS VALID UNLESS IT IS CONTAINED ON THE PRINTED FORM OF THE COMPANY