PROPOSAL FOR MOTOR VEHICLE INSURANCE

Caricom Insurance

**All questions must be fully answered and tick appropriate boxes.**

**Policy No. …………………….**

Full name of proposer (MR/MRS/MS/REV Etc.) : ……………………………………………………………………………………………… Address.......................................................................................... Date of Birth …………………................................

Marital Status: M S D Other: ……………………………... Occupation/Trade/Business……………………………………

Employer.......................................................... Employer Address.........................................................................

Tel # Home:....................................................... Tel # Work:………………………………………………………………………………

**PARTICULARS OF MOTOR VEHICLES TO BE INSURED**

Registered Letters & Number: …………………… Engine No. : ……………………………. Chassis No.: ……………………………

Vehicle Make & Model: ………………………… Type of Body: ………………….. H.P or C.C: ………………… Y.O.M: …..………

No of Seats: ……………...Date of Purchase: ……………… Price Paid: …..………….. Left or right hand drive: ………………

New, Second-hand or Reconditioned: …………In a good state or repair: ……… Modified or Turned: …………………..

Subject to any hire purchase or other financing agreement? ……………………………………………………………………………

Is the Policy to be Assigned? If yes, please State: ……………………………………………………………………………………………..

Who is the registered owner of the vehicle: ………………………………………………….. ……………………………………………….

Who will be the main user: ……………………………………………………………………............................................................

Where the vehicle is normally garaged overnight: …………………………………………………………………………………………..

Is the vehicle normally kept in a locked garage, yard, or open road: ……………………………………………………………….

What security devices are attached to the vehicle? …………………………………………………………………………………………

What accessories are fitted to the vehicle? (Radio, Tape Deck, Mag Rims etc.)

Give individual value of each: (a)......................................(b)……....................................(c)……..…........................

Please indicate type of cover required by ticking appropriate box.

Comprehensive Full Value Comprehensive Subject to Average Third Party Act G1 G2 G3 G4 G5 Additional Benefits ………………………………………………………………………………………………………………

Do you have any type of Insurance with this Company? If yes please state……………………………………………………….

If you now hold or have held insurance for a motor vehicle please give name of Company, class of cover provided and expiry date of policy:………................................................................................................................

Are you entitled to any no claim bonus on your previous policy on the vehicle to be insured? If so, please state percentage and attach evidence ……………………………....................................................................................

Is Vehicle free from custom duties, and all applicable taxes, and has these duties and taxes been fully paid? ................................................................................................................................................................................

Is this vehicle a duty free vehicle?..........................................................................................................................

Vehicle to be used for:

Social, domestic and pleasure purposes

Commercial traveling, carriage of goods, hire and reward or Motor Trade purpose

Carriage of passengers for hire or reward

If Yes for (1) to (2) above please give details .......................................................................................................

To whom do you require driving to be limited? Please give details of all persons who may drive, including you.

Open Policyholder & Any Authorised

Yourself & 1 Driver State Driver Name ………………………………………………….

Yourself & 2 Drivers State Driver Names ………………………………………………..

Have you or any other person who will drive the vehicle:-

1. Been involved in a motor accident if yes give details …………………………………………………………………………………...

2. Been convicted if yes give details …………………………………………………………..........................................................

3. Have Prosecution or claim pending during the last 3 years if yes give details ………………………………………………………………………………………………………………………………………………………………………….

I fully understand and hereby agreed that the sum Insured is $.................. & I Will bear the first $................... of each accident.

**DECLARATION**

I/We desire to effect insurance with the CARICOM GENERAL INSURANCE COMPANY, INC. and declare that the Motor Vehicle (s) described in the above proposal is/are and shall be kept in good condition. I/We hereby warrant that the answers and particulars given above are in every respect true and correct to the best of my/our knowledge and belief and that I/we have not suppressed, misrepresented or misstated any material fact. I/We agree that this Proposal and Declaration shall be the basis of the insurance contract, which shall be subject to the terms and conditions of the policy to be issued in answer to this proposal. I/We undertake that the vehicle to be insured shall not be driven by any person who to my/our knowledge has been refused any Motor Vehicle Insurance or continuance thereof.

Signature of Proposer........................................................................... Date ..................................

No insurance is in force until the proposal has been accepted by the Company and the premium, or a deposit paid, except as provided by an official Cover Note issued by the Company.

|  |  |
| --- | --- |
| **Yearly** | **Half Yearly** |
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 **Calculations: Remarks**

**Gross Premium $**

**Rate Ups** ……..

**NCB Discount** ……….

**Windscreen Coverage** ………..

**Underinsured - $150,000:-**

**Uninsured - $150,000:-**

**FOR OFFICE USE ONLY**

Completed By: ……………………………………………………… Checked By: …………………………………………………….

Authorized By: ……………………………………………………… Key Punch By: …………………………………………………

Date: ……………………………………………………………………. Time: ……………………………………………………………….

Quality Controlled By: ………………………………………….. Date: ……………………………………………………………….

Policy Prepared By: ……………………………………………….. Date: ……………………………………………………….………