INSURER:

Note: Please give a definite answer to each question where applicable

MOTOR PROPOSAL FORM PRIVATE (INDIVIDUAL / CORPORATE)				
1.	Full Name of Proposer			
	Surname			
	Other Names			
	Corporate Name			
2.	Do you have a policy with us Yes No			
3.	Postal Address			
4. 5.	Age Profession or Occupation Tel No.: Fax No.: E-mail Address:			
0.				
6.	Insurance Required from			
7.	2. DETAILS OF VEHICLE(S) TO BE INSURED			
Registration No				
Make of Vehicle Type of Body				
Seating Capacity (Including Driver)				
Engine Capacity (CC/HP) Year of Manufacture				
Engine No Chassis No				
Proposer's Estimate of				
(a) Present Value of Car (Including Accessories)				
(b) Value of Accessories Only				
	Insurance Required Comprehensive Third Party Fire & Theft Third Party Only			
1. (i)	State address where Motor Vehicle is usually garaged. (i)			
()	he Vehicle normally parked within your premises			
overnight?				

		(ii)
2.	State name and address of (a) Owner of Vehicle	(a)
	(b) Person in whose name the Vehicle is registered	(b)
	(c) Any finance Company or other person Financially Interested	(c)
3.	Purpose for which vehicle will be used	
4.	a) Are you entitled to a No Claim Discount	a)
	 b) If so, for how many years up to this date have you previously been insured continuously without claim and with which companies? (Please attach a Renewal Notice or a letter from your previous insurers in substantiation.) 	b) Years Companies
5.	Has any Insurance Company ever:	
	i) Declined your Proposal?	i)
	ii) Required you to bear the first portion of any loss or imposed any special condition?	ii)
	iii) Required an increased premium?	iii)
`	iv) Refused to renew or cancelled your Policy?	iv)
6.	Extra Benefits:	Yes/No
Do you wish to increase the Third Party Property Damage Limit granted under the Standard Cover?		If yes, to what limit?

No Liability is accepted by the Company until the issue of the Policy and the payment of the premium, or the issue of a duly authorised Cover Note by the Company.

IMPORTANT

If a non-standard part and or accessory is fitted and insurance is required, please indicate type and value separately.

Agency:....