



The Insurance Company of the West Indies Limited

Head Office: 2 St. Lucia Avenue, Kingston 5, Tel: 926-9040-7, 926-9182, Fax: 929-6641

DRIVER'S PROPOSAL FORM

IMPORTANT: A DEFINITE ANSWER MUST BE GIVEN TO EACH QUESTION

Driver's Full Name: _____ Date of Birth: _____

DD - MM - YYYY

Private Address: _____

Profession/Trade or Occupation (Describe fully) _____

Name and Address of Employer: _____

Have you previously held a Motor Vehicle Insurance Policy? _____ If so, please state:

(a) Name of Insurance Co. _____ Policy No. _____

(b) Year of Insurance _____ Make and Model of Vehicle _____

Details of Driver's Licence:

(a) Full or Provisional _____

(b) Licence Number _____

(c) Vehicles permitted to drive _____

(d) Issue Date _____ (e) Expiry Date _____

Give details below of any illness or medical condition, whether physical or mental, **including but not limited to** diabetes, hypertension, epilepsy, stroke, heart condition, fainting spells, hallucinations, defective vision or hearing.

Give details below of any convictions for any offence in connection with the use of a motor vehicle owned or driven by you.

Please state year, penalty and any prosecutions pending.

Has any company or underwriter in respect of any Motor Insurance Policy ever:

(a) Declined to insure? _____ (b) Cancelled the insurance? _____ (c) Refused to renew? _____

(d) Required increased premiums, special terms or an excess? _____

If yes, please give details _____

Please give details below of all accidents or losses in respect of all motor vehicles owned and/or driven by you during the past four (4) years. (whether a claim was filed or not).

| Year of Accident | Total Number of Vehicles Owned | Total Number of Accident(s) | Particulars of Accident(s) | Particulars of the Vehicle Involved in Accident | Amount Paid |
|------------------|--------------------------------|-----------------------------|----------------------------|---|-------------|
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Give names and addresses of persons and/or firms to whom you have been employed as a driver during the past four (4) years.

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

Name of Insured: _____

I warrant that the statements made and particulars given thereon are true.

Signature of Driver: _____ **Date:** _____

| FOR INTERNAL PURPOSES ONLY | Name (please print) | Signature | Date |
|----------------------------|---------------------|-----------|------|
| Claims Bank check | | | |
| Approved by | | | |