



THE INSURANCE COMPANY OF THE WEST INDIES LIMITED

2 St. Lucia Avenue, Kingston 5, Tel: 926-9040-7, 926-9182-91, Fax: 929-6641

MOTOR VEHICLE PROPOSAL FORM

IMPORTANT NOTICE

All the information given below must be true, complete and correct. You are under a duty to disclose all material information whether the information is asked for or not.

I/We have read and understand this Notice

SIGNATURE

THE PROPOSER

Form with fields: Name, Date of Birth, Taxpayer Registration Number (TRN), E-mail Address, Address, Phone, Business or Profession, Business/Employer's Name and Address, Phone, Source of Funds for Payment of Premium.

PROPOSER'S INSURANCE HISTORY

Have you previously held a motor vehicle insurance policy? If yes, please give details below:

Table with columns: Insured (Names), Period of Insurance (From, To), Insurer, Reason for Change of Insurance.

Are you entitled to a "NO CLAIM" discount under a previous policy? If so, attach proof (eg. letter from previous Insurer).

Have you ever:

(a) Had an insurance proposal declined?

(b) Been required to carry the first portion of any loss other than the standard excess?

(c) Been required to pay an increased premium or had special conditions imposed?

(d) Been refused renewal or had a policy cancelled?

THE VEHICLE

Form with fields: Registration No, Chassis No, Engine No, Year, Make, Model, Type of Body, Cubic Capacity/Horse Power, Seating Capacity, Left-Hand/Right-Hand Drive, Colour, Insured's Estimated Value of (a) The Vehicle, (b) Accessories, Description of Accessories, Date of Purchase, Purchase Price, Current Mileage, Estimate Annual Mileage.

(a) Is the key electronically coded?

If the response to questions (b) and (c) below is yes, please give the details in the space provided:

(b) To the best of your knowledge is the motor vehicle in a state of disrepair?

(c) Has the motor vehicle been modified from the manufacturer's specifications?

(d) Will the motor vehicle be used solely for social, domestic and pleasure purposes including transit to and from work?

If no, will the motor vehicle also be used for:

(1) Business purposes?

(2) Commercial travelling in connection with your business?

(3) The transport of goods in connection with your business?

(4) The transport of goods for reward?

(5) The transport of passengers for reward?

(6) Other

(e) If the motor vehicle will be used for (3) or (4) above, give details below:

Tonnage: Description of Goods Carried:

(f) Do you accept that no cover will be provided under the terms of this policy if the motor vehicle specified above is at any time during the currency of the policy used for any purpose other than the permitted use?

(g) Will you have complete custody and control of the motor vehicle?

If no, give details:

(h) Will the motor vehicle be parked overnight at the proposer's address? If no, please state

(i) Will the motor vehicle be parked overnight in: A private locked garage A carport Public road/street A driveway The open (please state)

- (j) Are you the actual owner of the motor vehicle? If no, state \_\_\_\_\_
- (k) Is the motor vehicle solely in your name? \_\_\_\_\_
- (l) Is the motor vehicle subject of a duty concession? \_\_\_\_\_
- (m) Is the motor vehicle subject to a hire purchase or loan agreement? \_\_\_\_\_

Y	N

**Mortgagee:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**THE DRIVERS LIKELY TO DRIVE THE VEHICLE (INCLUDING THE PROPOSER)**

Name	Relationship to Proposer	Occupation	Date of Birth	Years Driving	Full Licence		
					Number	First Issue Date	Type

**If the response to any of the questions below is yes, please provide details in the space provided.**

- (a) Will the use of the motor vehicle be restricted solely to the drivers named above?  Y  N
- (b) To the best of your knowledge has any intended driver of the motor vehicle not driven for any consecutive six (6) month period in the past five (5) years?  Y  N  
\_\_\_\_\_
- (c) To the best of your knowledge will any person who will drive the motor vehicle be the holder of a provisional licence?  Y  N  
\_\_\_\_\_
- (d) To the best of your knowledge does any person who will drive the motor vehicle suffer from 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? If yes, please give details \_\_\_\_\_  Y  N
- (e) To the best of your knowledge in the past five (5) years, has any person who will drive the motor vehicle: (1) been fined, (2) had their licence endorsed/revoked, (3) been prosecuted for a motoring offence?  Y  N

Name	Date	Offence

- (f) Have you had any accidents or losses during the past three years (whether insured or not) involving vehicles:  Y  N
- (i) owned by you, whether or not you were the driver at the material time?  Y  N
- (ii) not owned by you, but driven by you or in your custody at the material time?  Y  N
- (g) Have any of the other persons who will regularly drive the vehicle had any accidents or losses during the past three years (whether insured or not) involving vehicles owned and or driven by them or in their custody at the material time?  Y  N

**If your answers to any of (f) or (g) above is yes, please provide the details below.**

Name	Year	No.	Details (Including Cost)

- (h) Have you ever sustained injuries in a motor vehicle accident for which you have made a claim on a third party or an insurance company? If yes, please give details \_\_\_\_\_  Y  N

**WOULD YOU LIKE TO PURCHASE?** (Private Car proposers only)

- |  |  |
|--|--|
| (a) Additional Personal Accident coverage (Comprehensive or Third Party proposers) <input type="checkbox"/> Y <input type="checkbox"/> N | (e) Accident Forgiveness/Protected No Claim Discount <input type="checkbox"/> Y <input type="checkbox"/> N |
| (b) Uninsured Motorist Benefit <input type="checkbox"/> Y <input type="checkbox"/> N   | (f) Comprehensive Plus <input type="checkbox"/> Y <input type="checkbox"/> N                               |
| (c) Alternative Transportation <input type="checkbox"/> Y <input type="checkbox"/> N   | (g) Third Party Plus <input type="checkbox"/> Y <input type="checkbox"/> N                                 |
| (d) Capped Excess <input type="checkbox"/> Y <input type="checkbox"/> N  | (h) Roadside Assistance (Third Party proposers only) <input type="checkbox"/> Y <input type="checkbox"/> N |

*[(b), (c), (d), (e) and (f) are for comprehensive proposers only]*

**DETAILS OF COVER**

Cover Required:	Comprehensive	Third Party	Third Party, Fire & Theft	Act
Policy Extensions:	Y/N	Amount	Period of Insurance From (Date/Time) To: At Midnight Annual Premium:	
Additional Windscreen:				
Additional Manslaughter:				
Additional Wrecker:				
Acts of God (Commercial Policies Only)				

I/WE HEREBY DECLARE that all the above Statements and Particulars are true and I/we further declare that if any of such particulars and answers are not in my/our writing the person or persons filling in such particulars and answers shall be deemed to be my/our agent for that purpose. I/We further understand that the Vehicle(s) referred to above is/are in good condition and undertake that the Vehicle(s) 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. I/We hereby agree that this Proposal and declaration shall be the basis of and be considered as incorporated in the policy to be issued hereunder which is in the ordinary form used by THE INSURANCE COMPANY OF THE WEST INDIES LIMITED for this class of insurance and which I/we agree to accept.

I/WE HEREBY ACKNOWLEDGE that THE INSURANCE COMPANY OF THE WEST INDIES LIMITED shares with other insurance companies, the Police and the Island Traffic Authority in Jamaica and other such entities from time to time, information about its policyholders and their insurance transactions and I/we hereby consent to THE INSURANCE COMPANY OF THE WEST INDIES LIMITED sharing such information about my/our insurance transactions. I/We further consent to THE INSURANCE COMPANY OF THE WEST INDIES LIMITED obtaining information in relation to my/our driving history from the Police, The Island Traffic Authority and other such entities in Jamaica.

DATE \_\_\_\_\_ PROPOSER'S SIGNATURE \_\_\_\_\_

**Official Use Only**

Branch:	Policy:	Client:
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VEHICLE INSPECTED BY: \_\_\_\_\_ (PLEASE PRINT NAME) (SIGNATURE)

N.B. AN INSPECTION FORM MUST BE COMPLETED IF THE VEHICLE HAS ANY DAMAGE.