



# THE INSURANCE COMPANY OF THE WEST INDIES LIMITED

2 St. Lucia Avenue, Kingston 5. Tel: (876) 926-9040-7. Email: direct@icwi.com

## MOTOR VEHICLE PROPOSAL FORM

### THE PROPOSER

Name:			Date of birth:	dd-mm-yyyy
Home Address:			Phone:	
Mailing Address:			Phone:	
Nationality:		Email Address:	TRN:	
Business or Profession:			Phone:	
Business/Employer's Name and Address:				
Source of Funds for Payment of Premium: <input type="checkbox"/> Salary <input type="checkbox"/> Spouse <input type="checkbox"/> Parents <input type="checkbox"/> Other   If other, state: _____				

### PROPOSER'S INSURANCE HISTORY

Do you currently have a motor vehicle insured elsewhere, or have you previously held a motor vehicle insurance policy?  Y  N If yes, give details below:

Insured (Names)	Period of Insurance	Insurer	Reason for Change of Insurer
	to		
	to		
	to		

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

(b) Have you ever had an insurance proposal declined, been refused renewal, or had a policy cancelled?  Y  N

If yes, give details: \_\_\_\_\_

### THE VEHICLE

Registration #:		Chassis #:		Year:	
Make:		Model:		Body Type:	
Seating Capacity:		Left-Hand/Right-Hand Drive: <input type="checkbox"/> RHD <input type="checkbox"/> LHD	Engine Type: <input type="checkbox"/> Gas Only <input type="checkbox"/> Diesel Only <input type="checkbox"/> Hybrid <input type="checkbox"/> Fully Electric		
Insured's Estimated Value of the vehicle, including accessories (Not applicable to Third Party policies):				\$	
Description of Accessories: _____					

If the response to questions (a), (b) or (c) below is YES, please give details in the space provided.

(a) To the best of your knowledge is the motor vehicle in a state of disrepair?  Y  N \_\_\_\_\_

(b) To the best of your knowledge has the motor vehicle ever been deemed a total loss or issued a salvage title?  Y  N \_\_\_\_\_

(c) Has the motor vehicle been modified from the manufacturer's specifications?  Y  N \_\_\_\_\_

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

If no, will the vehicle also be used for:

(1) Business purposes?  Y  N (4) The transport of goods for reward?  Y  N

(2) Commercial travelling in connection with your business?  Y  N (5) The transport of passengers for reward?  Y  N

(3) The transport of goods in connection with your business?  Y  N (6) Rental or other?  Y  N

(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?  Y  N

(g) Will you have complete custody and control of the motor vehicle?  Y  N If no, please state: \_\_\_\_\_

(h) Will the motor vehicle be parked overnight at the proposer's address?  Y  N

If no, please state: \_\_\_\_\_

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

If open, please state: \_\_\_\_\_

(j) Are you the actual owner of the motor vehicle?  Y  N If no, state: \_\_\_\_\_

(k) Is the motor vehicle solely in your name?  Y  N

(l) Is the motor vehicle subject of a duty concession?  Y  N

(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).** Please submit a copy of the driver's licence for all persons named below.

Name	Relationship to Proposer	Occupation

(a) Will driving be:  Open or  Restricted solely to the drivers named above?

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

(b) To the best of your knowledge will any person who will drive the motor vehicle be the holder of a provisional (learner's) licence?  Y  N

If yes, please give details: \_\_\_\_\_

(c) 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?  Y  N

If yes, please give details: \_\_\_\_\_

(d) 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

If yes, please give details: \_\_\_\_\_

Name	Year	Offence

(e) Have you had any accidents or losses during the past three years (whether insured or not) involving vehicles:

(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

(f) 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 answer to any of (e) or (f) above is yes, please provide the details below:**

Name	Year	No.	Details (including cost)

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

(a) Additional Personal Accident coverage (Comprehensive or Third Party proposers)  Y  N

(b) Uninsured Motorist Cover  Y  N (g) Comprehensive Plus  Y  N

(c) Alternative Transportation  Y  N (h) Comprehensive Complete  Y  N

(d) Capped Excess  Y  N (i) Third Party Plus  Y  N

(e) Excess Eliminator  Y  N (j) Roadside Assistance (Third Party proposers only)  Y  N

(f) Accident Forgiveness/Protected No Claim Discount  Y  N (k) Windscreen Cover for Third Party Insureds  Y  N

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

**DETAILS OF COVER**

<b>COVER REQUIRED:</b>	<input type="checkbox"/> Comprehensive		<input type="checkbox"/> Third Party		<input type="checkbox"/> Third Party Fire & Theft	
<b>PERIOD OF INSURANCE:</b>	From	DATE	TIME	to	DATE	TIME
			<input type="checkbox"/> AM <input type="checkbox"/> PM			at Midnight

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**

VEHICLE INSPECTED BY: Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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