



# The Insurance Company of the West Indies (Cayman) Limited

Suite A7, The Sands, Bay Road East, P. O. Box 2087, Basseterre, St. Kitts & Nevis, Tel: (869) 466-2490, Fax: (869) 466-2324

## 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: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Tel. # \_\_\_\_\_

Profession/Trade or Occupation (Describe fully) \_\_\_\_\_

Name and Address of Employer: \_\_\_\_\_

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

(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.

\_\_\_\_\_

\_\_\_\_\_

In the past five (5) years, have you:  
 (1) been fined, (2) had your licence endorsed / revoked, (3) been prosecuted for a motoring offence? If yes, please give details below:

Date	Offence

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 \_\_\_\_\_

**Have you had any accidents or losses during the past three (3) years (whether insured or not) involving vehicles:**  
 (i) owned by you, whether or not you were the driver at the material time?  
 (ii) not owned by you, but driven by you or in your custody at the material time?  
 If yes, please give details below:

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

**Give names and addresses of persons and/or firms to whom you have been employed as a driver during the past three (3) years.**

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Relationship to 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			