



PRIVATE CAR INSURANCE PROPOSAL FORM

N.B. All questions must be answered in full. Dashes are not acceptable. Please use BLOCK letters or tick as applicable.

Name of Agent/Broker _____

PARTICULARS OF THE PROPOSER

Name of the proposer (in full) _____

Postal Address P.O. Box _____ Town _____

Telephone _____

Profession or Occupation (Nature of business) _____

Period of Insurance: From _____ To _____

PIN Number (Attach copy of certificate) _____

PARTICULARS OF VEHICLE

Registered Mark	Chassis No & Engine No.	Make and Type of Body	Engine Capacity In Cubic Tonnes	Year of Manufacture	Colour of Vehicle/Is it metallic	Carrying Capacity passenger limit	Proposer's estimate of present market value including Accessories

PARTICULARS OF COVER

1. Tick the type of cover required:
 Comprehensive Third Party Fire and Theft Third Party Only

Note: For Comprehensive and Third Party Fire and Theft, the basis of settlement is the 'market value'. This should be taken in to account when deciding the sum insured.

2. (a) Do you want to insure any accessory of the car? YES NO

If YES, give details and value _____

(b) Windscreen and window glass:
 Do you want additional cover if breakage occurs but no other damage is sustained by your vehicle? YES NO

If YES, state the limit of cover required _____

Note: Claims will be accepted up to the limit stated without loss of 'No Claim Discount' or deduction of excess.

3. Has the vehicle(s) been fitted with approved anti-theft devices?
If YES, attach certificate of fitting YES NO
4. Has the vehicle (s) been modified, altered, adapted or fitted with any additional equipment above the makers standards?
If YES, give details _____ YES NO
5. Are you the owner of the vehicle(s)? YES NO
If NO, state name and address of owner(s)/hire purchase company _____
6. Do you or does any other person who to your knowledge will drive the vehicle, suffer from defective vision or hearing from any physical infirmity?
If YES, give details: _____ YES NO
7. Have you or has any other person who to your knowledge will be driving the vehicle, been convicted of any offence in connection with the driving any motor vehicle or is any prosecuting pending?
If YES, give details (include dates and nature of penalty) _____ YES NO
8. Has any Insurance Company either in respect of yourself or any other person who will drive ever:
 (i) Declined your or their proposals? YES NO
 (ii) Required you or them to bear the first portion? YES NO
 (iii) Refused to renew or cancelled your or their policy? YES NO
 (iv) Required an increased premium or imposed other special conditions? YES NO
 If the answer to any of the above questions is YES, give details: _____
9. Are you now or have you ever been insured in respect of any motor vehicle? YES NO
If YES, give details of insurer's, policy number and registration number of vehicle(s) _____

CLAIMS EXPERIENCE

1. Give records of accidents and/or losses during the past three years in connection with any motor vehicle owned or driven by yourself or those who to your knowledge will be driving the vehicles insured under this policy, whether insured or uninsured including any claim outstanding: _____
2. (i) Are you entitled to a No Claim Discount?
 (ii) If YES, for how many years up, to date, have you previously been insured continuously without claim and with which companies? _____

Note: To qualify for Discount submit renewal invitation or N.C.B letter from your previous insurer

3. Will the vehicle(s) be used exclusively for social, domestic and pleasure purposes? YES NO
If NO, state for what purpose it may be used: _____

4. (i) Do you undertake cartage for other persons? YES NO
(ii) Will the vehicle be used for hire or reward? YES NO
(iii) Will passengers be carried for hire or reward? YES NO

If the answer to any of the above questions is YES, give details _____

EXTENSIONS TO THE POLICY

Note: The following extensions are available on payment of additional premium

Do you require cover for legal liability to passengers? YES NO

If YES, how many passengers? _____

Do you require over for personal accident to passengers? YES NO

If YES, how many passengers? _____

Do you require an increased Third Party Property Damage cover? YES NO

If YES, what is the amount required? _____

Do you require an increased medical expenses cover? YES NO

If YES, what is the amount required? _____

Do you require an increased towing expenses Cover? YES NO

If YES, what is the amount required? _____

Do you require Special Perils Cover Extension? YES NO

Do you require Strike and Riots Cover Extension? YES NO

DECLARATION

I/We desire to insure with the Mayfair Insurance Company Limited, the motor vehicle(s) described in the above and I/We hereby warrant that the above statements and particulars are true, and I/We have not suppressed, misrepresented or misstated any material fact and I/We agree that the declarations shall be the basis of the contract between Me/Us and the Company.

I/We further agree that if this proposal in any particular is filled by any other person, such person shall be deemed My/Our agent and not the agent of the company. I/We further declare that I/We have read and understood all particulars entered herein and I/We have signed this after verifying the same to be true and complete in all respects.

Date of Proposal _____ Signature and Stamp of proposer _____

THE LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED AND THE PREMIUM HAS BEEN PAID

FOR OFFICIAL USE ONLY

Branch Manager/Authorise Person(s) signature _____ Date _____