

Accident History

Give record of *Accidents and Losses during the last three years in connection with every Motor Vehicle owned or driven by you and/or by any other person who will regularly drive the vehicle(s) now proposed for Insurance. *All Accidents whether resulting in claim or not must be included.

Year	Total No. of Motor Vehicles owned by proposer	Total No. of accidents and losses		Damage to Proposer's Motor Vehicle		Third Party		Other	
				No.	Amount	No.	Amount	No.	Amount
			Paid						
			Outstanding						
			Paid						
			Outstanding						
			Paid						
			Outstanding						

USE OF CAR

<p>(a) State fully, purposes for which vehicle will be used.</p> <p>(b) If used for carriage of goods. (1) What is their general nature? (2) Do you undertake carriage for other persons?</p>	<p>(a)</p> <p>.....</p> <p>(b) (1)</p> <p>.....</p> <p>(2)</p> <p>.....</p>
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Driver's History (Please give details for "yes" answers)

<p>Have you or has anyone who to your knowledge may drive</p> <p>(a) Been convicted of a motoring offence within the last 5 years or received notice of intended prosecution?.....</p> <p>(b) Defective vision or hearing or suffered at any time from diabetes, fits or any heart complaint or any other disease or infirmity?</p> <p>(c) been disqualified from driving?.....</p> <p>(d) Been involved in any motor accident or loss within the last 3 years?</p> <p>(e) Been refused Motor Insurance, renewal or had any special terms or conditions imposed by any insurers?</p> <p>(f) Not attained the age of 25?</p> <p>Have you previously held or do you now hold a Motor Insurance Policy? If yes state Name of Company & Expiry Date Are you entitled to a No Claim Bonus? If YES please attach relevant proof.</p> <p>Facts about the Vehicle</p> <p>(a) Has the engine or body been converted or modified in any way from the Maker's specification?.....</p> <p>(b) Will vehicle be used for competitions, rallies or trials or any purpose not provided for in the standard use clause?.....</p> <p>(c) Is vehicle owned by or registered in the name of person other than yourself?.....</p> <p>(d) Are you the owner of any other motor vehicle?</p> <p>(e) Is any Finance Company or other person financially interested</p>	<p>YES / NO If yes, please give details</p> <p>(a)</p> <p>(b)</p> <p>(c)</p> <p>(d)</p> <p>(e)</p> <p>(f)</p> <p>YES / NO If yes, please attach relevant proof.</p> <p>(a)</p> <p>(b)</p> <p>(c)</p> <p>(d)</p> <p>(e)</p>
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I/We desire to effect an insurance against risks as set forth above in terms of the Policy used for this class of business and I/We warrant that the above statements and particulars are correct and complete. I/We hereby agree that this proposal and warranty shall be held to be promissory and be the basis of the contract between me/us and the company. I/We undertake that the vehicle or vehicles to be insured shall not be driven by any person who to my/our knowledge has been refused any motor vehicle insurance or continuation thereof.

Dated atthis...day of..... Proposer's Signature.....

NB. This Insurance will not be in force until the Proposal has been accepted by the Company. The Company reserves the right to decline any Proposal.