

AGENCY.....

POLICY NO:.....

PROPOSAL FOR MOTOR CAR INSURANCE

The Company: REUNION INSURANCE COMPANY LIMITED

N.B. Please give a definite answer to each question. Ticks or dashes are NOT acceptable

General Information

Title (Please circle as appropriate) Dr, Mr. Mrs. Miss Other

Surname.....First Names.....

Marital Status.....Nationality.....Date of Birth.....

Occupation and Position.....

Business Name

Date of incorporation.....

Tel./Cel No.....Fax No:.....Postal Address.....

Email Address.....

Physical Address.....

Please Indicate Map at the back of this form of the physical address provided

Personal/Corporate ID (Copy of passport, Driver's license, Voter Reg. Cert or Company Reg. Cert. or Operating License) **(tick) ID No.**
(Please attach copy of ID)

Type of Industry (if Corporate or Business).....
(such as agri, constr, financial, legal, mining, retail, tourism, health, education, transportation, technological, engineering, other (state))

Class of license.....Date driving test passed.....

Is Alarm/Immobilizer Installed? ...YES/NO **Note:** Theft losses are excluded if vehicle is not fitted with an alarm or immobilizer

Do you want Passenger Liability Cover? YES/NO **Note:** At an additional premium you can have your passengers covered

Do you park in lockable garage overnight? YES / NO

Type of Cover: ACT Third Party only Third Party Fire & Theft Comprehensive

Amount Insured (See Present Value below being 'Proposer's estimate' Including accessories and spare parts.)

Commencement Date	Day	Month	Year
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Expiry Date	Day	Month	Year
	<input type="text"/>	<input type="text"/>	<input type="text"/>

VEHICLE INFORMATION

Reg. No.	Make & Model	Local Franchise Holders Dealers	Seating Capacity	Engine CC	Year of Make	Engine Number	Chassis Number	Purchase Price	Make of Value of Radio Cassette Player	Present Value of Vehicle
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Accident History

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

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

USE OF CAR

Will the car(s) be used:

- (a) Solely for Social, Domestic and Pleasure purposes including use by you for driving to or from your permanent place of business?
- (b) For business or Professional purposes by you only?
- (c) By your Employees or by any other person for Business or Professional purposes?
- (d) In connection with the Motor Trade?
- (e) For the carriage of passengers for hire or reward or will the car be let for hire?
- (f) For Drawing a Trailer? If so, state particulars.

- (a)
- (b)
- (c)
- (d)
- (e)
- (f)

Driver's History-(Please give details for "YES" answers)

Will you allow anyone else to drive?

Have you or has anyone who to your knowledge may drive:-

- (a) been convicted of a motoring offence within the last 5 years or received notice of intended prosecution?
- (b) Defective vision or hearing or suffered at any time from diabetes, fits or any heart complaint or any other disease or infirmity.
- (c) Been disqualified from driving.
- (d) Been involved in any motor accident or loss within the last 3 years?
- (e) Been refused motor insurance, renewal or had any special terms or conditions imposed by any insurers?
- (f) Not attained age of 21?

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?

Facts About the Vehicle:

- (a) Has the engine or body been converted or modified in any way from the Maker's specification?
- (b) Will vehicle be used for competitions, rallies or trials or any purpose not provided for in the standard use clause?
- (c) Is vehicle owned by or registered in the name of person other than yourself?
- (d) Are you the owner of any other motor vehicle
- (e) Is any Finance Company or other person financially interested

- YES /NO
- YES / NO If yes, please give details:
- (a)
 - (b).....
 - (c)
 - (d)
 - (e)
 - (f)
- YES / NO
- If yes, please attach relevant proof.
- (a)
 - (b)
 - (c).....
 - (d)
 - (e)

I/we desire to affect 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 at this..... day of..... Proposer's Signature.....