

## Proposal Form for Private Car Insurance

AGENT/BROKER:  ACCOUNT NO.:  POLICY NUMBER:

### SECTION 1 - PERSONAL DETAILS

a. Full Name of Proposer

Date of Birth  D  D -  M  M -  Y  Y  Y  Y

b. Contact Details: (tel):  (mobile):

(email):

(postal):  (code):  (town/ city):

c. TIN Number: (attach a copy)

ID Number (attach a copy)

### SECTION 2 - PROPOSAL DETAILS

i) Period of Insurance From:  To:

ii) Address where car is usually garaged

iii) Nature of your Business/Occupation

vi) Bank/Company with interest

Make and model of car	Type of Body	Registration Number	Engine cc	Year of Manufacture	Estimate of Value Ind. Accessories and Spare Parts	Seating capacity Incl. Driver	State any changes made to maker's design of body or engine. If none state 'NONE'
<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**PLEASE ATTACH A COPY OF THE LOG-BOOK FOR EACH VEHICLE**

1. COVER REQUIRED

Comprehensive  Third Party Fire & Theft  Third Party Only

Are you entitled to No Claim Discount from your previous Insurers?  YES  NO  
 If so attach a No Claim Discount Certificate

2. Name of Previous Insurer \_\_\_\_\_  
 Policy No. \_\_\_\_\_

3. Will the car be used for social, domestic and pleasure purpose and by the Insured in connection with Insured's business or profession excluding Hire & Reward?  YES  NO

4. Do you have a current license (not Provisional) to drive Motor Cars?  YES  NO  
 State period(s) with dates, of your car driving experience \_\_\_\_\_

5. Do you, or does any person who will be driving the vehicle(s) to your knowledge
- i) Suffer from defective vision, hearing or from any physical or mental infirmity or fits of any kind?  YES  NO
- ii) Been convicted during the past (5) years of any motoring offence  YES  NO
- If yes, give details \_\_\_\_\_
- \_\_\_\_\_

6. Have you or any person who will be driving had a proposal declined, increased premiums or imposed on special conditions?  YES  NO
- If yes, give details \_\_\_\_\_
- \_\_\_\_\_

7. Has any vehicle owned or driven by you been involved in any accident or loss in the past 3 years please complete the panel below in full  
IF NONE , state "NONE" here \_\_\_\_\_

Past 3 years	Total number of cars Vehicles or cycles owned by you each year	Total number of accidents or losses in connection with vehicles or cycle OWNED or DRIVEN by you	Damage to Proposer's cars, Vehicles or Cycles Amount	Third Party Amount	OFFICE USE ONLY

8. Give details of the car Anti-Theft device fitted \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**DECLARATION**

I/We hereby declare the truth and correctness of the above statements and particulars and agree that this Proposal and Declaration shall be held to be promissory and the basis of the contract between me/us and The Heritage Insurance Company Limited. I/We 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.

Proposer's Signature : \_\_\_\_\_ Date: \_\_\_\_\_