

PROPOSAL FOR PRIVATE MOTOR INSURANCE for VEHICLES USED IN BARBADOS

All questions MUST be answered fully. Please use BLOCK (CAPITAL) LETTERS. Ticks are acceptable only where tick-boxes are provided, please tick the appropriate box.
WARNING: If this Proposal Form is not completed in the Proposer's Own Handwriting, the Proposer should carefully check the Answers before signing this Proposal.

DETAILS OF PROPOSER

PROPOSER'S FULL NAME DATE OF BIRTH/...../.....
(State: Mr., Mrs., Miss, Ms. or other title) (Day/Month/Year)
 NATIONAL REGISTRATION NUMBER / VAT REGISTRATION NUMBER *(if Company)*

PROPOSER'S FULL ADDRESS: HOME.....
 BUSINESS ADDRESS:
 ADDRESS WHERE THE VEHICLE IS NORMALLY GARAGED

TEL: (HOME)..... (BUSINESS)..... (MOBILE).....

Do you wish to receive information from us via mobile text? Yes No

FAX NO: E-MAIL:

OCCUPATION..... NAME OF EMPLOYER.....
 NATURE OF DUTIES.....

DETAILS OF VEHICLE(S) TO BE INSURED

VEHICLE 1

VEHICLE 2

<p>a) Registration Number b) Make of Vehicle c) Model d) Type of Body e) Engine Capacity (Cubic Centimeters) f) Year of Manufacture g) Date purchased by Proposer h) Price paid by Proposer i) Engine Number j) Chassis Number / Vehicle Identification Number k) Seating capacity (including Driver) l) Right- or Left- hand Drive m) Proposer's Estimate of Present Value of Vehicle (including Accessories and Spare Parts) n) Is cover to be 'Agreed Value'? o) Is the Vehicle i) Second Hand? If 'Yes' state previous owner ii) Reconditioned? Attach De-Registration certificate iii) In good state of repair? p) Has the Engine been modified or adapted to increase performance? q) Has any other change from the Manufacturer's standard specification been made to the Vehicle? r) i) Has the Vehicle been in any accident? ii) Has the Vehicle been treated as a 'write-off'? s) Are you the owner of the Vehicle? t) Is the Vehicle i) registered in your name? ii) subject to a Hire Purchase Agreement?</p> <p>ADDITIONAL DETAILS If you have answered 'No' to o) iii) above, please explain. If you have answered 'Yes' to p) or q) above, please give details of the modifications or changes. If you answered 'Yes' to r) above please give details. If you have answered 'No' to s) and/or t) i) above, please give name and address of the registered owner. If you have answered 'Yes' to t) ii) above, please state name of Finance Company or Bank.</p>	<p>a) b) c) d) e) f) g) h) \$..... i) j) k) l) Right <input type="checkbox"/> Left <input type="checkbox"/> m) \$..... n) Yes <input type="checkbox"/> No <input type="checkbox"/> o) i) Yes <input type="checkbox"/> No <input type="checkbox"/> ii) Yes <input type="checkbox"/> No <input type="checkbox"/> iii) Yes <input type="checkbox"/> No <input type="checkbox"/> p) Yes <input type="checkbox"/> No <input type="checkbox"/> q) Yes <input type="checkbox"/> No <input type="checkbox"/> r) i) Yes <input type="checkbox"/> No <input type="checkbox"/> ii) Yes <input type="checkbox"/> No <input type="checkbox"/> s) Yes <input type="checkbox"/> No <input type="checkbox"/> t) i) Yes <input type="checkbox"/> No <input type="checkbox"/> ii) Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>a) b) c) d) e) f) g) h) \$..... i) j) k) l) Right <input type="checkbox"/> Left <input type="checkbox"/> m) \$..... n) Yes <input type="checkbox"/> No <input type="checkbox"/> o) i) Yes <input type="checkbox"/> No <input type="checkbox"/> ii) Yes <input type="checkbox"/> No <input type="checkbox"/> iii) Yes <input type="checkbox"/> No <input type="checkbox"/> p) Yes <input type="checkbox"/> No <input type="checkbox"/> q) Yes <input type="checkbox"/> No <input type="checkbox"/> r) i) Yes <input type="checkbox"/> No <input type="checkbox"/> ii) Yes <input type="checkbox"/> No <input type="checkbox"/> s) Yes <input type="checkbox"/> No <input type="checkbox"/> t) i) Yes <input type="checkbox"/> No <input type="checkbox"/> ii) Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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PURPOSES FOR WHICH THE VEHICLE(S) WILL BE USED

Will the vehicle(s) be used SOLELY for Social, Domestic and Pleasure purposes? Yes No
(N.B. Social, Domestic & Pleasure includes travelling to and from your place of work but does not include use in connection with your business or occupation)
 If you have answered 'No', state the other uses

COVERAGE REQUIRED

a) Please tick the appropriate Box to indicate Coverage required: Comprehensive Third Party Only
 Third Party Fire and Theft

b) Our Private Motor Comprehensive Policy **automatically covers**
 i) Windscreen Breakage up to a limit of \$2,500.
 Do you wish for coverage to be increased above this amount? Yes No
 If you have answered 'Yes' please state the amount of coverage required \$.....
 (An Additional Premium will be charged for increased coverage.)
 ii) Loss of Use for a period of up to seven (7) days (subject to an Excess of \$100).
 On payment of an Additional Premium, the Loss of Use period may be increased.
 Please indicate, by ticking the appropriate boxes, if you require either of the following Options:
 Option 1: Loss of Use for a period of up to ten (10) days (subject to an Excess of \$250). Yes No
 Option 2: Loss of Use for a period of up to fourteen (14) days (subject to an Excess of \$300). Yes No

c) Our Private Motor Comprehensive, Third Party Fire & Theft and Third Party Only Policies **automatically cover**
 Manslaughter Defence Costs up to a Limit of \$10,000
 Do you wish for coverage to be increased above this amount? Yes No
 If you have answered 'Yes' please state amount of coverage required \$.....
 (An Additional Premium will be charged for increased coverage)

Note If there is insufficient space for you to provide a full answer to these questions, please attach additional sign it and attach it to this Proposal
 Additional sheet attached Yes No

WILL THE VEHICLE(S) BE DRIVEN BY ANYONE WHO IS UNDER TWENTY-FIVE (25) YEARS OF AGE AND/OR DRIVING FOR LESS THAN TWO (2) YEARS.
 YES NO

PLEASE COMPLETE THE SECTION BELOW FOR ALL AUTHORISED DRIVERS.*

DETAILS OF AUTHORISED DRIVERS * (HEALTH & DRIVING/INSURANCE RECORD)

DRIVER DETAILS	INSURED		DRIVER (1)		DRIVER (2)	
Name						
Occupation						
Mobile No.						
Date of Birth						
License No.						
Date of Issue						
Expiry Date						
Type of License Held						
How long have you been driving continuously in Barbados and / or elsewhere?	B'dos	Yrs	B'dos	Yrs	B'dos	Yrs
	Other	Yrs	Other	Yrs	Other	Yrs
Are you now, or have you ever been insured in respect of any Motor Vehicle? List 'Yes' or 'No' under each Driver. State name of previous and present insurance company.						
Do you currently own your own home? State Yes or No under each Driver.						
Please state No Claim Discount(s) and Attach Renewal Notice						
Excess Applicable						
Drivers License seen/copied						
Have you or your authorized driver(s) in the past five (5) years...	INSURED		DRIVER (1)		DRIVER (2)	
- suffered from defective vision or hearing or from any physical or mental infirmity, diabetes, epilepsy/fits, loss of consciousness /blackouts or heart defects?						
- been convicted in the past five years of any motoring offences or subject to any police enquires or						
- received notice of pending prosecution in respect of any offence?						
- been refused insurance or quotes or had special conditions imposed?						
- had accidents, losses or claims? If so, give details below						
	INSURED		DRIVER (1)		DRIVER (2)	
Name						
Date						
Brief Details						
Cost of Claim (if known)						
Third Party						
Own Damage						

*** AUTHORISED DRIVER IS DEFINED AS: ANY PERSON WHO HAS PERMISSION FROM THE INSURED TO OPERATE THE INSURED'S VEHICLE(S) PROVIDED THAT SAID PERSON CURRENTLY HOLDS A VALID AND CURRENT BARBADOS DRIVER'S LICENSE AND IS 25 YEARS OLD AND OVER AND HAS BEEN DRIVING CONTINUOUSLY FOR MORE THAN 2 YEARS CONSECUTIVELY.**

DECLARATION: I/We warrant that the above statements and particulars, which I/We have read over and checked, are true and I/We hereby agree that this Declaration shall be held to be promissory and shall form the basis of the Contract between Me/Us and Trident Insurance Company Limited, and 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 continuance thereof, and I/We hereby apply for and agree to accept a Policy as designated above subject to the terms, exceptions and conditions prescribed by the INSURERS therein.

Dated this..... day of..... 20..... Proposer's Signature.....

DATE INSURANCE TO COMMENCE..... POLICY NO.....

N.B. Liability does not commence until this Proposal has been accepted by TRIDENT INSURANCE COMPANY LIMITED and the Premium paid in full, except as provided for by an Official Covering Note issued by TRIDENT INSURANCE COMPANY LIMITED.

FOR OFFICE USE ONLY	Accepted/Declined by: CSR/Account Executive:.....Date.....
	Authorised/Declined by: Senior Account Executive/Supervisor:.....Date.....
	Reviewed by: Compliance.....Date.....