

PRIVATE MOTOR INSURANCE PROPOSAL FORM

All questions must be fully answered. Please write in **BLOCK LETTERS** and circle correct answers.

GENERAL DETAILS

1 Date insurance required from:

Day _____ Month _____ Year _____

2. Full names of proposer(s)/Company:

State: Mr, Mrs, Miss, Ms or other title. If Company state full legal name

i) _____

ii) _____

3. Date of Birth:

i) Day _____ Month _____ Year _____

ii) Day _____ Month _____ Year _____

4. Full Postal Address:

i) _____

ii) _____

5. Telephone Numbers/Contact Details:

i) (W) _____ (H) _____

(M) _____ (EMAIL) _____

ii) (W) _____ (H) _____

(M) _____ (EMAIL) _____

6. Profession or Occupation/Business or Trade of Company:

i) _____

ii) _____

7. Name and Address of Current Employer:

i) _____

ii) _____

8. i) Driver's Licence No: _____ **Date of Issue** _____ **Class** _____

ii) Driver's Licence No: _____ **Date of Issue** _____ **Class** _____

9. Will the vehicle(s) be used:

- | | | |
|---|-----|----|
| a) Solely for private social and domestic purposes or travelling to and from your normal place of Business? | Yes | No |
|---|-----|----|

If No, please give details _____

- | | | |
|---|-----|----|
| b) In connection with The Motor Trade? | Yes | No |
| c) For racing, pacemaking, speedtesting or the carriage of passengers for hire or reward? | Yes | No |

If Yes, please give details _____

10. Will the vehicle(s) be driven by anyone:

- | | | |
|--|-----|----|
| i) Who is under the age of 25 years and driving for less than two years? | Yes | No |
| ii) Who is over the age of 65 Years? | Yes | No |

11. Have you or any other person who will drive:

- | | | |
|---|-----|----|
| a) Been declined Motor Insurance or had a Motor Policy cancelled or special terms imposed? | Yes | No |
| b) Been convicted of any offence in connection with the driving of any motor vehicle or received notice of prosecution pending within the last 3 years? | Yes | No |

If 'Yes' to any please give details _____

12. Details of previous Motor Insurance held by you or anyone who will drive.:

- | | | |
|---|-----|----|
| a. Name of Insurance Company: _____ | | |
| b. No Claims Discount held by this Insurer: | Yes | No |
| c. If Yes, state percentage: _____ | | |

VEHICLE(S) DETAILS

13. Give particulars of vehicle(s) to be insured:

VEHICLE (i)	VEHICLE (ii)
Date of Purchase: _____	_____
Registration Number: _____	_____
Year of Manufacture: _____	_____
Make & Model: _____	_____
Horse Power/Cubic Capacity: _____	_____
Engine Number: _____	_____
Chassis Number: _____	_____
Seating Capacity: _____	_____
Number of Doors: _____	_____
Type of Body: _____	_____
Purchase Price including Accessories: _____	_____
Value to be Insured: _____	_____
Turbocharged/ Supercharged:	
Yes No	Yes No

14. Is the vehicle:

- | | | | |
|----|--|-----|----|
| a. | Left Hand drive | Yes | No |
| b. | Has the vehicle been modified in any way or fitted with oversized tyres or a high performance engine or equipment? | Yes | No |

If Yes, give details _____

- | | | | |
|----|---|-----|----|
| c. | In good condition and repair and will it be kept so? | Yes | No |
| d. | New or Second Hand? Please state which is applicable: _____ | | |
| e. | Registered in your name? | Yes | No |
| f. | Subject to a Hire Purchase or Mortgagee Agreement? | Yes | No |

If Yes, please state name and Address of Financial Company _____

15. Has the vehicle ever been involved in an accident or 'write-off?' Yes No

If yes, please give details _____

16. Address where motor vehicle(s) will be kept:

- i) _____
- ii) _____

17. COVERAGE

Please state the type of Cover required

COMPREHENSIVE

THIRD PARTY

Excesses which apply to Comprehensive cover

Compulsory _____

Young and Inexperienced Driver _____

Non Declared Driver _____

18. Give details in respect of All persons who will drive your vehicle(s):

NAME	DATE OF BIRTH	OCCUPATION	DRIVING EXPERIENCE	CLASS & NO. Of LICENCE	EXPIRY DATE



19. ACCIDENT/CLAIMS HISTORY

Give details of ALL Accidents and losses relating to any vehicle(s) driven by you or anyone who will drive:

DATE OF ACCIDENT	REG. NO. OF VEHICLE	BRIEF DETAILS OF ACCIDENT	CLAIMS COST PAID/OUTSTANDING	NAME OF INSURANCE COMPANY

I/We warrant the statements and particulars given in this Proposal which I/We have read over and checked are true, and that the motor vehicle(s) referred to is/are in good condition and repair. I/We desire to effect an insurance with Trident Insurance on the terms, conditions and exceptions of the Policy to be issued by the Company. I/We agree that this Proposal shall form the basis of the Contract between me/us and the Company, and shall be deemed as incorporated in the policy to be issued.

Proposer’s Signature(s): **Date:**
 **Date:**

THE LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THIS PROPOSAL IS ACCEPTED AND THE PREMIUM PAID

FOR OFFICIAL USE ONLY	
PREMIUM CALCULATION	AGENT/BROKER: _____
	AUTHORISED & CHECKED BY: _____
	POLICY NUMBER: _____
	DOCUMENTS SEEN: _____

GUIDELINES ON DOCUMENTATION THAT MAY BE REQUIRED

1. Roadworthy Certificate (for vehicles over 5 years old)
2. If No Claims Discount requested, proof of No Claims Record
3. Proof of Ownership
4. Copies of Driver’s Licence(s) for all persons named who will drive the vehicle(s)