

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

