

## MOTOR PROPOSAL FORM PRIVATE INDIVIDUAL

**NOTE:**

**PLEASE GIVE A DEFINITE ANSWER TO EACH QUESTION. THE PROPOSAL MUST BE ANSWERED IN THE PROPOSER'S OWN WRITING.**

1. Full Name of Proposer:

Surname:  Other Names:

2. Do you have a policy with us?: Yes  No  3. Postal Address:

4. Age:  Profession or Occupation:

5. Tel No.:  Fax No.:  Email Address:

6. Insurance Required from:  to:

**7. DETAILS OF VEHICLE(S) TO BE INSURED:**

Registration No.:  Make of Vehicle:

Type of Body:  Seating Capacity (Including Driver):

Engine Capacity (CC/HP):  Year of Manufacture:

Engine No.:  Chassis No.:

**PROPOSER'S ESTIMATE OF**

(a) Present Value of Car (Including Accessories):

(b) Value of Accessories Only:

Insurance Required: Comprehensive  Third Party Fire & Theft  Third Party Only

1. (i) State address where Motor Vehicle is usually garaged. (ii) Is the Vehicle normally parked within your premises overnight?	(i) <input type="text"/> (ii) <input type="text"/>
<b>2. State name and address of</b> (a) Owner of Vehicle: (b) Person in whose name the Vehicle is registered: (c) Any finance Company or other person Financially Interested:	(a) <input type="text"/> (b) <input type="text"/> (c) <input type="text"/>
3. Purpose for which vehicle will be used	<input type="text"/>
4. b) If so, for how many years up to this date have you previously been insured continuously without claim and with which companies?  <i>(Please attach a Renewal Notice or a letter from your previous insurers in substantiation.)</i>	(a) <input type="text"/> (b) Years <input type="text"/> Companies <input type="text"/>

<p><b>5. Has any Insurance Company ever:</b></p> <p>i) Declined your Proposal?</p> <p>ii) Required you to bear the first portion of any loss or imposed any special condition?</p> <p>iii) Required an increased premium?</p> <p>iv) Refused to renew or cancelled your Policy?</p>	<p>(i) <input type="text"/></p> <p>(ii) <input type="text"/></p> <p>(iii) <input type="text"/></p> <p>(iv) <input type="text"/></p>
<p><b>6. Extra Benefits:</b></p> <p>Do you wish to increase the Third Party Property Damage Limit granted under the Standard Cover?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>If yes, to what limit?</b></p> <p><input type="text"/></p>

**DECLARATION**

I/We, the undersigned, do hereby warrant the truth and correctness of all above statement and particulars and I/We declare that I/We have not withheld any material information. 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 agree that the above Proposal and this Warranty and Declaration shall be the basis of the Contract between me/us and the HOLLARD INSURANCE COMPANY LIMITED and I/We agree to abide by the terms and conditions of the Policy issued in answer to this Proposal.

Proposer's Signature:

Date:

***No Liability is accepted by the Company until the issue of the Policy and the payment of the premium, or the issue of a duly authorised Cover Note by the Company.***

**IMPORTANT**

**IF A NON-STANDARD PART AND OR ACCESSORY IS FITTED AND INSURANCE IS REQUIRED, PLEASE INDICATE TYPE AND VALUE SEPARATELY.**

Agency:

Policy No.:  Customer No.: