

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

<p>1. (i) State address where Motor Vehicle is usually garaged.</p> <p>(ii) Is the Vehicle normally parked within your premises overnight?</p>	<p>(i) <input type="text"/></p> <p>(ii) <input type="text"/></p>
<p>2. State name and address of</p> <p>(a) Owner of Vehicle</p> <p>(b) Person in whose name the Vehicle is registered</p> <p>(c) Any finance Company or other person Financially Interested</p>	<p>(a) <input type="text"/></p> <p>(b) <input type="text"/></p> <p>(c) <input type="text"/></p>
<p>3. Purpose for which vehicle will be used</p>	<p><input type="text"/></p>
<p>4. a) Are you entitled to a No Claim Discount</p> <p>b) If so, for how many years up to this date have you previously been insured continuously without claim and with which companies?</p> <p><i>(Please attach a Renewal Notice or a letter from your previous insurers in substantiation.)</i></p>	<p>(a) <input type="text"/></p> <p>(b) Years <input type="text"/></p> <p>Companies <input type="text"/></p>

<p>5. Has any Insurance Company ever:</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>6. Extra Benefits:</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>If yes, to what limit?</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.: