

PRIVATE MOTOR PROPOSAL FORM

1) DETAILS OF THE PROPOSER

- (a) Title First Name Surname
- (b) Identity No Date of birth.....
- (c) Business or Occupation
- (d) Postal Address
- (e) Tel No: Business/Home.....E-mail..... Cell.....
- (f) Period of Insurance: From To.....

2) DETAILS OF THE DRIVER

- (a) Are you fully licensed for this class of vehicle?
- (b) Date when licensed Licence No.
- (c) If not licensed who will be driving the vehicle?
- (d) Details of relationship and licence details.....
- (e) Do you or any person who to your knowledge will drive your car suffer from any physical disability or infirmity? Yes/No Give details
.....
- (f) Have you or any person who to your knowledge will drive your car ever been convicted of any motoring offence? Give details
.....
- (g) Have you ever been insured before? State company and type of cover
- (h) Have you been refused insurance or had your policy cancelled or had special terms imposed on your policy before? If so give details
.....

DETAILS OF THE ACCIDENTS/LOSSES/CLAIMS

Year	Total No of vehicles owned	Total number of accidents or loses	Amount paid	Amount outstanding

DETAILS OF THE VEHICLE

- (a) Any radio/tape including type, serial numbers and value
.....
- (b) Any special accessories including Models/Serial No.
List 1)\$
2)\$
3)\$
4)\$
- (c) Has the car been specially adapted/modified to increase performance?
- (d) Is the vehicle registered in your name? Any hire purchase agreement?

- (e) Are there any visible markings known to you only? If so give details
- (f) Where is the vehicle normally garaged at night?
- (g) Give full details of any anti /hijack devices on vehicle and premises where normally garaged?
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- (h) Will the vehicle be used for (use tick)
- Carriage of fare paying passengers? Yes/No
 - Carrying of explosives or inflammables?
 - Racing, rallying, driving schools? Yes/No
 - In connection with Motor trade? Yes/No
 - Social, domestic, pleasure purpose including use by you for driving to and from your permanent work place? Yes/No
 - As a taxi Yes/No
- (j) Where is the vehicle normally used?
- (k) Type of cover required (please tick)
- Comprehensive** **Full Third Party Fire and Theft** **Full Third Party**

(l) Vehicle (s) Details:-

<i>Make and Type of Body and Colour</i>	<i>Cubic Capacity</i>	<i>Year of make</i>	<i>Reg. No.</i>	<i>Engine No.</i>	<i>Chassis No</i>	<i>Your Estimate of Market Value</i>	<i>Value to be insured</i>

Note : Engineers Report required for vehicles whose age is 10years and above.

DECLARATION:-

I/We hereby declare that the above particulars and statements are true, correct and complete and contain all information known to me/us affecting the risk to be insured, and that this and any other written statement made by me/us or my/our behalf for the purpose of insurance shall be the basis of and incorporated in the contract between me/us and **CLARION INSURANCE (PVT) LTD**, shall be promissory.

I/We further agree to accept insurance on terms and conditions set forth in the Company's policy, and particularly undertake to notify the company immediately of any alteration in the risk.

Date Proposer's signature

Agent Agency No

PREMIUM CALCULATIONS:-

Basic Premium	\$.....
Gvmt Levy	\$.....
Stamp Duty	\$.....
Total	\$.....