



## PROPOSAL FOR MOTOR INSURANCE

**The company SHALL NOT be liable for any loss or damage if your vehicle is driven by an unlicensed driver or driven with expired or invalid licence.**

### CONTACT DETAILS

1. Full name of Proposer .....
2. Postal Address .....
3. Telephone no.: Mobile .....Office .....
4. Email.....Occupation .....
5. ID Number.....Type of ID.....
6. Date of birth.....
7. State the owner of the vehicle and in whose name it is registered:  
.....
8. Name and Address of Mortgage if any .....

### DETAILS OF VEHICLE

| Vehicle Registration Number | Make & Model of Vehicle | Horse Power / C.C | Type of Body / Usage | Year of Manufacture | No. of Seats including driver | Type of Accessories & Value | Color of Vehicle | Proposer's Estimated Value including accessories |
|-----------------------------|-------------------------|-------------------|----------------------|---------------------|-------------------------------|-----------------------------|------------------|--|
|                             |                         |                   |                      |                     |                               |                             |                  |  |

Engine Number ..... Chassis Number .....

### OTHER DETAILS

9. Please state usage of vehicle:                    **Private Use**                     **Commercial Use**
10. Is vehicle used for carriage of goods or passengers? .....
11. Maximum number of trailers attached to the vehicle at any time .....
12. Maker's maximum carrying of each trailer .....
13. Has the vehicle been altered or adapted in anyway? .....
14. Have you or has any person who to your knowledge will drive:
  - a. Any physical defect or infirmity? .....
  - b. Defective vision or hearing? .....
  - c. Ever had a fit of any kind? .....

- d. Ever been convicted of any motor offence? .....
- e. Any prosecution pending against you in court? .....
- If yes, please provide details.....
- 15. Have you ever been insured in respect of any motor vehicle? .....
- If yes, state name of Insurance Company & the policy number .....
- 16. Has any previous request for insurance been declined, cancelled or special terms imposed?
- If yes, name the Insurance Company.....
- 17. Are you entitled to a "No Claim Discount" from previous insurers? .....
- 18. Give particulars of any accident or losses during the last three years in connection with any motor vehicles or motor cycles owned or driven by you.

.....  
 .....  
 .....

Please state cover required:

- Comprehensive**
- Third Party Fire and Theft**
- Third Party Only**

**Period of Insurance:** Commencing from ..... To .....

**IMPORTANT DECLARATION**

I/We hereby declare that the above particulars and statements are true and complete and contain all relevant information to the best of my/our knowledge affecting the risk to be insured and that this and any other written statement made by me/us or on my/our behalf for the purpose of the proposed insurance shall be held to be promissory and of continuing effect, and shall form the basis of and be deemed to be incorporated in this Personal insurance contract BETWEEN me/us AND Best Assurance Company Limited.

I/We further confirm that the proposed personal insurance herein is not transferable and does not cover the use of the vehicles in connection with Motor Trade activities.

I/We further agree to accept the insurance on the terms and conditions set forth in the insurance policy that is the evidence of this contract.

Signature of Proposer..... Date..... Agency.....

**The liability of the Company DOES NOT commence until this proposal has been accepted by the Company.**

