

The Guyana and Trinidad Mutual Fire Insurance Company Limited



HEAD OFFICE

27-29 Robb & Hincks Streets, Georgetown, Guyana

PRIVATE MOTOR COMPREHENSIVE INSURANCE PROPOSAL FORM

Please answer all questions. Please write in BLOCK LETTERS and Tick (✓) the correct answer boxes.

GENERAL INFORMATION

1. Particulars of Proposer(s)

a) Full name of Proposer(s)

b) Date of Birth (mm/dd/yy)

c) Home Address

d) Mailing Address(if differs from home)

e) Email Address

f) Contact Number(s)

(i) Home _____

(ii) Work _____

(iii) Mobile _____

g) Profession or Occupation

h) Identification Number

Please provide copy or proof of Identification

i) Name of Employer

j) Address of Employer

2. Do you have any other Insurance with the Company?

Yes No

If 'Yes', please state

3. Particulars of your driver's licence:

a) Number _____

b) Class of Licence _____

c) Issue Date _____

d) Expiry Date _____

Please provide copy of driver's licence.

e) Has your driver's licence ever been suspended or endorsed? Yes No

If 'Yes', please state reason

f) How long have you been driving the vehicle continuously?

Year(s) _____ Month(s) _____

g) Will anyone who is under the age of 21 and/or driving less than 12 months drive the vehicle? Yes No

If 'Yes', please give details:

- i) Driver's Name _____
- ii) Date of Birth _____
- iii) Date of Issue _____
- iv) Class(es) _____
- v) Prior Accident(s) Yes No
If 'Yes', please give details:

4. Please provide details of previous Motor Insurance(s) held by you.

- a) Name of Insurance Company _____

- b) No Claim Discount _____
Please attach the original notice or No Claim Letter from previous Insurer.

5. Have you or any person who will drive:

- a) Suffer from defective vision or hearing from any physical or mental infirmity? Yes No
- b) Been convicted of any offence? Yes No
- c) Ever had insurance cancelled/declined/refunded/not renewed Yes No
- d) Required to pay increased premium or had special conditions imposed. Yes No
- e) Had a motor vehicle accident during the last 3 years. Yes No

If 'Yes', please provide details

6. Particulars of Vehicle to be Insured:

- a) Registration Number _____
- b) Year of Manufacture _____
- c) Chassis Number _____
- d) Engine Number _____

- e) Make _____
- f) Model _____
- g) Type of Body _____
- h) CC or HP Rating _____
- i) Number of Doors _____
- j) Seat Capacity _____
- k) Date of Purchase (mm/dd/yy) _____
- l) Price paid by Proposer _____
- m) Purchase price incl. accessories \$ _____
- n) Value to be Insured \$ _____
- o) Right or Left hand drive _____
- p) Was the Vehicle purchased?

- New Reconditioned Second Hand

If Second Hand, please give name and address of previous owner _____

7. Is the Vehicle:

- a) In good state of repair? Yes No
- b) Owned solely by you? Yes No
- c) Registered in your name? Yes No

If 'No'; (1) please give full details

- (2) Was? Agreement of Sale provided
Import document provided

- d) The subject of a Hire Purchase or lien Agreement? Yes No

If 'Yes', please give full details

I/We the undersigned hereby agree that I would maintain a record of all information relating to the driver's licence for persons whom I/we have authorised to drive my/our vehicle. Also, I/we would make copies of the original licence for my/our reference as well as the Company in event that the vehicle is involved in an accident and the driver cannot be contacted

DECLARATION - TO BE READ AND SIGNED BY EVERY PROPOSER

NB: Please read the following declaration very carefully, and read again the questions and answers especially if not completed in your own hand, before signing the form.

- 1) I/We declare to the best of my/our knowledge and belief:-
 - (a) the above answers are true
 - (b) all material particulars affecting the assessment of the risk have been disclosed
 - (c) the vehicle(s) is/are in a sound and road worthy condition
- 2) I/We agree to advise the Company of any material changes effected to the vehicle as declared on this application.
- 3) I/We agree that this proposal and declaration shall be the basis of the contract between me/us and the Insurers and shall be deemed to be incorporated in such contract.
- 4) I/We undertake that the vehicle(s) to be insured shall not be driven by any person who to the best of my/our knowledge has been refused any motor vehicle insurance or continuance thereof.

Signature of Proposer(s) _____

Date _____

FOR OFFICIAL USE ONLY

Period of Insurance (mm/dd/yy) _____ to _____

Policy Number _____

Branch/Broker/Insurance Advisor _____

PREMIUM CALCULATION

Value _____

Rate _____

Less Discounts _____

Plus Loadings _____

Total Premium _____

Underwriter _____

Date Approved _____