

# PROPOSAL FOR MOTOR INSURANCE



**THE GUYANA & TRINIDAD MUTUAL FIRE  
INSURANCE COMPANY LIMITED**

**Head Office:**  
27-29 Robb & Hincks Streets,  
Georgetown, Guyana.

**FOR OFFICE USE ONLY**

Policy No. \_\_\_\_\_ Date \_\_\_\_\_  
 Certificate Index No. \_\_\_\_\_  
 Mode of Payment \_\_\_\_\_ Mode Premium \_\_\_\_\_  
 Period of Cover:-  
 From: \_\_\_\_\_ @ \_\_\_\_\_ hrs  
 To: \_\_\_\_\_ @ \_\_\_\_\_ hrs  
 Sales Rep/Broker/Branch \_\_\_\_\_

**1) PARTICULARS OF APPLICANT**

- a) Name of Proposer (in full) .....
- b) Home Address .....  
 ..... Tel No. ....
- c) Business Address ..... Tel No. ....
- d) Business or Profession ..... Email Address .....
- e) Date of Birth ..... Identification No. ....

**2) COVER REQUIRED** (Tick  appropriate box)

- a)  Comprehensive : - Sum Insured \$..... Excess \$.....
- Third Party Fire & Theft : - Sum Insured \$..... Excess \$.....
- Third Party  Windscreen Sum Insured \$..... Excess \$.....

b) **Limits of Liability**

OPTIONS	<i>Bodily Injury</i>		<i>Property Damage</i>		<i>Passenger Liability</i>	
	Any one Person	Any One Accident	Any One Person	Any One Accident	Bodily Injury	Property Damage
<input type="checkbox"/> Third Party Act	25,000	125,000	20,000	100,000		
<input type="checkbox"/> Full Third Party	100,000	250,000	75,000	150,000		
<input type="checkbox"/> Full Third Party Optional	150,000	300,000	100,000	200,000		
<input type="checkbox"/> Full Third Party Extended Optional	300,000	1,000,000	300,000	1,000,000		
<input type="checkbox"/> Other						

**3) PARTICULARS OF VEHICLE TO BE INSURED**

- a) Registration No. ....
- b) Engine No. ....
- c) Chassis No. ....
- d) Make.....
- e) Model.....
- f) Type of Body.....
- g) HP or CC rating.....
- h) Seating Capacity including Driver.....
- i) For hire vehicle, number of paying passengers.....
- j) Year of Manufacture.....
- k) Date of Purchase.....
- l) Price Paid by Proposer \$.....
- m) Present Value including accessories \$.....
- n) Right or Left hand driven.....
- o) Was the vehicle bought: -  
 New  Second Hand  Reconditioned



Yes	No

- g) Have you or any of the persons who may drive: -
- (i) Suffer from defective vision, hearing, diabetes, fits, or any other disability? .....
- (ii) Ever had motor insurance cancelled / declined / refused / not renewed? .....
- (iii) Required to pay increased premium or had special conditions imposed? .....
- (iv) Had a motoring accident and/or claim during the past three (3) years? .....
- If 'YES' to any of the above, please provide details : - .....

8) Is the Proposer entitled to a "No Claim Bonus" from previous Insurers in respect of the vehicle described in this proposal?  
 Yes       No      If 'Yes', please provide details: - .....

9) Has the Proposer now or ever been insured in respect of any vehicle during the past three (3) years?  
 Yes       No      If 'Yes', please provide details of all Insurers and vehicle numbers insured .....

10) Do you have any Insurance Policy with The GTM Group?  
 Yes       No      If 'Yes', please provide details .....

***I the undersigned hereby agree that I would maintain a record of all information relating to the driver's licence for persons whom I have authorised to drive my vehicle. Also, I would make copies of the original licence for my 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 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 knowledge has been refused any motor vehicle insurance or continuance thereof.

**Date:** .....20.....

**Proposer(s) Signature:** .....

Registration Seen <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Registered Owner	Claims Bank Checked <input type="checkbox"/> Yes <input type="checkbox"/> No
Receipt of Sale Seen <input type="checkbox"/> Yes <input type="checkbox"/> No	Import Documents Seen <input type="checkbox"/> Yes <input type="checkbox"/> No	To be Registered <input type="checkbox"/> Yes <input type="checkbox"/> No
<b><u>INTERVIEW REPORT</u></b>		
Underwriter .....		

**PREMIUM COMPUTATION WORKSHEET**

Basic Premium .....		\$ .....
<b><u>Add RATE-UPS</u></b>		
No. of Drivers ..... Age ..... }		
Experience ..... Convictions ..... }		
Accident Record ..... }		
Provisional ..... Foreign ..... }	Total Rate Ups ..... %	.....
Sport ..... }		
Miscellaneous ..... }	<b>Sub -Total</b>	.....
10% SDP for Commercial Vehicles ..... }		
5% TPA for Hire Vehicles ..... }		
<b><u>Less DISCOUNTS</u></b>		
	TPD    ...5.....%	.....
	Fleet    ...5/10.%	.....
	Loyalty ...5.....%	.....
	Schedule...10.....%	.....
	Misc.    ...5.....%	.....
	Staff    ...15.....%	.....
	NCB        .....%	.....
	Power Discount ...10. ...%	.....
	Net Yearly Premium	.....
	Net Half-Yearly Premium	.....
	Windscreen Premium	.....
	<b><u>TOTAL PREMIUM</u></b>	<b>\$</b> .....

Completed By: .....

Accepted By: .....

Designation: .....

Date:..... Time.....

Keypunched By:.....

Authorised By:.....

Designation: .....

Date:..... Time.....