



# INSURANCE COMPANY (BARBADOS) LIMITED

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## MOTOR INSURANCE PROPOSAL FORM

### CUSTOMER INFORMATION

PROPOSER'S NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
(DD/MM/YYYY)  
 Dr.  Mr.  Single  Married  
 Ms.  Mrs.  Widowed  Divorced  
PLACE OF BIRTH: \_\_\_\_\_  
TRN: \_\_\_\_\_

CONTACT PERSON (other than Proposer): \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MAILING ADDRESS (if different): \_\_\_\_\_

TELEPHONE NUMBER: (Landline) \_\_\_\_\_ (Cell) \_\_\_\_\_ EMAIL: \_\_\_\_\_

MOTHER'S MAIDEN NAME: \_\_\_\_\_

EMPLOYMENT STATUS:  Employed  Self-employed  Student  Retired  Unemployed

NAME OF EMPLOYER/ TYPE OF BUSINESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

ADDRESS OF EMPLOYER/BUSINESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

SOURCE OF FUNDS FOR PAYMENT OF PREMIUM: \_\_\_\_\_

If a company or partnership, please state: Date of Incorporation/Registration: \_\_\_\_\_ Country of Incorporation: \_\_\_\_\_

Do you or any immediate family members, close associates, company directors or shareholders currently hold or previously held a prominent public office?  Yes  No

If yes, please provide names below:

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Address: \_\_\_\_\_

*Examples of immediate family: parents, spouse - including common-law, children - including step children or adopted children, siblings and in-laws as well as 'close associates' (i.e. individuals who are closely connected to a PEP, either socially or professionally).*

*Examples of prominent public offices are: Head of State/Government; member of any House of Parliament; Minister of Government; official of any political party; Permanent Secretary, Chief Technical Director or Chief Officer in charge of Ministry, Department of Government, Executive Agency or Statutory Body; Judiciary; Military - above rank of Captain; Police Assistant Commissioner and above; a Director or Chief Executive of any company in which the Government owns a controlling interest: an individual who holds/held a Senior Management position in an international organization.*

Kindly provide additional proposer below:

NAME	DATE OF BIRTH	CONTACT NUMBER	EMAIL

## COVERAGE DETAILS

Select type of coverage required:

- COMPREHENSIVE - Covers accidental loss or damage to your vehicle and legal liability to Third Parties for Death, Bodily Injury and Damage to their property.
- THIRD PARTY - Covers legal liability to Third Parties for Death, Bodily Injury and Damage to their property.

## PARTICULARS OF VEHICLE TO BE INSURED

Registration Number	Year	Make & Model	Chassis Number	Engine Number	Type of Body	C./ H.P Rating	Seating	Sum Insured

*(You are required to ensure that the 'SUM INSURED' stated above reflects current market value. If at the time of loss it is assessed that the sum insured is less than market value, the claim will be settled based on the sum insured.)*

Has the vehicle been modified or converted from the maker's standard specification or do you intend to do  Yes  No

so? If yes, state: \_\_\_\_\_

## VEHICLE OWNERSHIP, CONTROL, CUSTODY AND CONDITION

1. Do you own the vehicle(s)?  Yes  No
2. Do you have a loan on the vehicle(s)?  Yes  No

If yes, state name of lender: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

3. Will you have complete custody/control of the vehicle?  Yes  No

If no, provide details:  
NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
OCCUPATION \_\_\_\_\_

4. Is/Are the vehicle(s) roadworthy and in good  Yes  No

condition? If no, provide details: \_\_\_\_\_

5. Where will the vehicle(s) be parked at nights?  Sidewalk/Pathway  Carport  Gated Community  Locked Garage

6. Do you own another motor vehicle?  Yes  No

7. Are you now insured or have been previously insured in respect of any other vehicle(s)?  Yes  No

If yes, state the period of insurance and the name of the Insurance Company: \_\_\_\_\_

## VEHICLE USE

8. Will you be the main driver of the vehicle?  Yes  No

9. What will the motor vehicle be used for:

i) Social, domestic and pleasure purposes including transit to and from work  Yes  No

**If yes, you hereby warrant and declare that the said vehicle will be used only for social, domestic and pleasure purposes in connection with your personal business and that under no circumstance will the vehicle be used for business purposes, hire, reward or in the taxi trade.**

i. a) If (i) above, do you wish to have extended Loss of Use Coverage for 28 days?  Yes  No

ii) Business and Professional Services  Yes  No

iii) Commercial Purposes  Yes  No

a) carriage of own goods  Yes  No

b) carriage of goods for hire or reward  Yes  No

10. Do you accept that this policy will only provide cover for the permitted use of the motor vehicle specified above?  Yes  No

## DRIVER'S INFORMATION

11. Will driving be open or restricted?  Open  Restricted

12. Will any driver of the vehicle be the holder of a driver's licence for less than 1 year (private cars) and 2 years (commercial vehicles) ?  Yes  No

13. Will anyone driving your vehicle be under the age of 21 years (private cars), 25 years (commercial vehicles) or older than 70 years?  Yes  No

Please provide details of all persons likely to drive the motor vehicle (this should include drivers with a licence less than 1 year (private cars) or 2 years (commercial vehicles) and under 21 years of age (private cars), 25 years of age (commercial vehicles) or older than 70):

Full Name	Occupation	Date of Birth	Driver's Licence No.	Original Date of Issue	Relationship to Proposer
Main Driver (If different from proposer)					
Other(s)					

14. Have you or any regular driver(s) had any accident(s) or losses during the past three (3) years?  Yes  No

15. Have you owned any vehicle that has been involved in an accident, whether you were the driver or not?  Yes  No

If yes to questions 14 &/or 15, please provide details in the table below:

Date of Accident	Cost (Paid or Estimated)	Driver	Brief details of Accidents, Incidents or losses

16. To the best of your knowledge, have you or any person who will drive suffered from:

- i) Defective vision or hearing (e.g. cataracts, hearing aid, etc)  Yes  No
- ii) Diabetes, Epilepsy, complaints of the heart or any other disease  Yes  No
- iii) Any other physical or mental infirmity  Yes  No

If yes, give details: \_\_\_\_\_  
\_\_\_\_\_

17. To the best of your knowledge, has any named driver had an insurer decline an application, refuse renewal or cancel cover?  Yes  No

If yes, give details: \_\_\_\_\_

## PERSONAL ACCIDENT BENEFICIARIES

If the policy includes Personal Accident Benefits, kindly indicate the names of your beneficiaries in the event of death:

Name	Age	Split (%)	Relation	Address	Contact No.

## UNDERSTANDINGS

I/We am/are aware and agree:

- At the time of loss, claim settlement will be based on the CURRENT MARKET VALUE or the SUM INSURED, whichever is less, and that the policy excess must be paid by the policyholder(s) where applicable
- Unless otherwise agreed, the cover will exclude:
  - \*Private Cars - drivers under 21 years of age or older than 70 years and/or holding a driver's licence for less than 1 year
  - \*Private Commercial Vehicles - drivers under 25 years of age or older than 65 years and/or holding a driver's licence for less than 2 years
  - \*Public Commercial Vehicles - drivers under 25 years of age or older than 65 years and/or holding a driver's licence for less than 3 years
- The policy will not operate in respect of claims arising while the vehicle is being driven or is for the purpose of being driven by the person other than the driver(s) specified, unless otherwise agreed and an additional premium has been paid for OPEN DRIVING and/or other terms (including excess) agreed
- That the policy is voidable if false statements are given or information withheld for the purpose of obtaining insurance cover, reducing premium or any other reason
- That in the event of a claim arising under the policy, all outstanding premium due thereunder shall become immediately payable by me/us.
- That should the vehicle be the subject of an accident, General Accident Insurance Company (Barbados) Limited reserves the right to settle Cash in Lieu as a result of the unavailability of motor vehicle parts
- That in the event of an accident, I/We am/are not entitled to abandon the Salvage of the vehicle(s) insured. This applies regardless of the method of settlement of my/our claim, whether or not General Accident Insurance Company (Barbados) Limited has possession of the vehicle

## CONSENT

I/We hereby acknowledge that Insurance companies from time to time share information about their policyholders and their insurance transaction with other insurance companies, the Police, the Licensing Authority and other such entities in Barbados, and in this regard, I/We hereby consent to the Insurer sharing related information about my insurance transactions.

## DECLARATION

I/We the undersigned, do hereby declare and warrant that the above answers and particulars which I/we have read over and checked are true, that we have not suppressed or misstated any material fact and that the vehicle(s) above referred to is/are roadworthy, in good condition and repair and undertake that the vehicle(s) to be insured shall not be driven by any person who to my/our knowledge has been refused motor vehicle insurance or continuance thereof. I/We desire to effect an insurance with the insurer in the terms, conditions and exceptions of the policy to be issued by the Insurer. I/We agree that this proposal and declaration form(s) completed by other driver(s) shall form the basis of the contract between me/us and the Insurer, and shall be deemed as incorporated in the policy to be issued. I/We further declare and agree that if the above answers and particulars have been filled in by any person other than me/us, such person shall be deemed to be my/our agent for this purpose.

**I have read, understood and accepted the UNDERSTANDINGS, CONSENT and DECLARATION as stated above and that any breach thereto renders the Insurance cover void from inception.**

**SIGNATURE:** \_\_\_\_\_

PROPOSER

\_\_\_\_\_

DATE

\_\_\_\_\_

PROPOSER

\_\_\_\_\_

DATE