



INSURANCE COMPANY (TRINIDAD & TOBAGO) LIMITED

25 French Street, Woodbrook, Port of Spain, Trinidad, W.I.
 Telephone: 868-622-7292 / 5614 / 8500, Fax: 868-622-8209, Underwriting: 868-221-1795

MOTOR PROPOSAL FORM

PROPOSER'S INFORMATION

Name (First, Middle, Surname or Company) ¹		Date of Birth: dd/mm/yyyy ²	Nationality ³
Address ⁴		Business Phone ⁵	Country of Residence ⁶
Email ⁷		Residence Phone ⁸	Mobile Phone ⁹
Proof of Address ¹⁰ <i>Please indicate the document(s) attached</i>			
<input type="checkbox"/> Phone Bill <input type="checkbox"/> Utility Bill <input type="checkbox"/> Bank Statement <input type="checkbox"/> Other:			
Occupation / Nature of Business ¹¹			
Name of Current Employer ¹²		Address of Employer ¹³	
Is the Customer affiliated with Government/Military/State Officials (Politically Exposed Person - PEP) ? ¹⁴ <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If yes, provide details)</i>			

PROOF OF IDENTIFICATION¹⁵ *Please indicate the document(s) attached*

<input type="checkbox"/> Driver's License				<input type="checkbox"/> National Identification			
Number	Place	Date of Issue: dd/mm/yyyy	Expiry Date: dd/mm/yyyy	Number	Place	Date of Issue: dd/mm/yyyy	Expiry Date: dd/mm/yyyy
<input type="checkbox"/> Passport				<input type="checkbox"/> Other (specify)			
Number	Place	Date of Issue: dd/mm/yyyy	Expiry Date: dd/mm/yyyy				

VEHICLE INFORMATION

Use of Vehicle ¹⁶			
<input type="checkbox"/> Private (Domestic & Pleasure)	<input type="checkbox"/> Insured's Business or Profession	<input type="checkbox"/> Carriage of Own Goods	
<input type="checkbox"/> Carriage of Passengers for Hire or Reward	<input type="checkbox"/> Other (specify)		

ALL VEHICLES

Registration Number ¹⁷		Make & Model ¹⁸		Chassis Number ¹⁹	
<input type="checkbox"/> Left Hand <input type="checkbox"/> Right Hand 20	<input type="checkbox"/> Cubic Capacity (CC) <input type="checkbox"/> Horsepower (HP) 21	Type of Body ²²	Year of Manufacture ²³	Engine Number ²⁴	
Seating Capacity ²⁵		Date of Purchase: dd/mm/yyyy ²⁶	Price Paid (including taxes) ²⁷	Sum to be insured (including Accessories*) ²⁸	

ACCESSORIES²⁹

ITEM	MAKE & DESCRIPTION	SERIAL NUMBER	VALUE
Mag Rims			
Electronics			
Other (specify)			
TOTAL VALUE OF ACCESSORIES*:			

COMMERCIAL VEHICLES: CARRIAGE OF GOODS

Maximum Carrying Capacity ³⁰	Value and Carrying Capacity of any Trailers ³¹	General Nature of Goods ³²

HIRE OR REWARD PASSENGER VEHICLES

Seating Capacity (including Driver) ³³	Price paid for Maxi Taxi Rights (not to be included in the sum to be insured) ³⁴	Total Passengers Seating Capacity (excluding Driver) ³⁵	Extra Number of Passengers as permitted by the Authorities ³⁶

Is the vehicle being kept overnight at the Address as specified on Page 1 ³⁷ ?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>(If no, state Address)</i>
Is the vehicle being kept in a locked garage ³⁸ ?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>(If no, provide details)</i>
Is the vehicle fitted with an Anti-Theft Device ³⁹ ?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>(If yes, provide details)</i>
Is the vehicle owned by the Proposer as specified on Page 1 ⁴⁰ ?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>(If no, provide details)</i>
Is the vehicle being held by a financial institution ⁴¹ ?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>(If yes, state Company Name & Address)</i>
Is the vehicle modified or converted from maker's standard specifications or intended to be so modified ⁴² ?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>(If yes, provide details)</i>

DRIVER INFORMATION

REGULAR DRIVERS ⁴³							
Name	Date of Birth: dd/mm/yyyy	Sex	Driver's Permit Number	Date of Issue: dd/mm/yyyy	Class	Occupation	Relationship to Proposer
		<input type="checkbox"/> M <input type="checkbox"/> F					
		<input type="checkbox"/> M <input type="checkbox"/> F					
		<input type="checkbox"/> M <input type="checkbox"/> F					
		<input type="checkbox"/> M <input type="checkbox"/> F					
Has the Proposer or any proposed Driver suffered from defective vision or hearing or any other physical infirmity ⁴⁴ ?				<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>(If yes, provide details)</i>		
Has the Proposer or any proposed Driver been prosecuted for any traffic offences in the past five (5) years ⁴⁵ ?				<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>(If yes, provide details)</i>		

INSURANCE HISTORY & ACCIDENT DETAILS

Is the Proposer currently insured or has been insured in respect of any vehicle ⁴⁶ ?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>(If yes, state Name & Address of Insurer)</i>
Is the Proposer entitled to a No Claim Discount from a previous Insurer ⁴⁷ ?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>(If yes, provide details & Proof)</i>
Has the Proposer or any proposed Driver been refused insurance, had special conditions imposed regarding insurance or had previous coverage terminated ⁴⁸ ?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>(If yes, provide details)</i>
Has the vehicle or an other vehicle driven by you or any of the proposed drivers suffered any loss, damage or liability (insured or not) in the past three (3) years ⁴⁹ ?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>(If yes, complete below)</i>

ACCIDENT DETAILS⁵⁰

Year	Number of vehicles owned by Proposer	Number of accidents and losses	Driver	Brief details of accidents or losses or costs (paid / outstanding)

COVERAGE DETAILS

Dates for Insurance ⁵¹		Coverage required ⁵²
Start Date: dd/mm/yyyy	End Date: dd/mm/yyyy	<input type="checkbox"/> Third Party Liability to Third Parties for Death, Bodily Injury and Damage to their property.
		<input type="checkbox"/> Third Party Fire & Theft Loss or damage to your vehicle resulting from fire or theft and liability to Third Parties for Death, Bodily Injury and Damage to their property.
		<input type="checkbox"/> Comprehensive Loss or damage to your vehicle and liability to Third Parties for Death, Bodily Injury and Damage to their property.

ADDITIONAL BENEFITS (Comprehensive Coverage)

Available for all vehicles		Also available for all Privately used vehicles
<input type="checkbox"/> Windscreen Coverage ⁵³ : Damage to the Windscreen and all glass		<input type="checkbox"/> Loss of use ⁵⁴ : Reimbursement of \$250.00 per day for up to a total of ten (10) days as a result of loss of use of your vehicle
Limit required:		<input type="checkbox"/> Waiver of Excess ⁵⁵ : For the first claim made during the period of insurance, the Insured's Excess will not be applicable

CONSENT

- I/We hereby acknowledge that Insurance companies from time to time share information about their policyholders and their insurance transactions with other insurance companies, the Police, the Licensing Authority, insurance Brokers/Agents and Financial Institutions in Trinidad & Tobago, and in this regard
- I/We hereby consent to the Insurer sharing related information about my insurance transactions.

DECLARATION

- I/We declare and warrant that:
 - a) The vehicle(s) is not otherwise insured;
 - b) The sum(s) insured represents the current market value of the vehicle(s) insured;
 - c) The vehicle will only be used as specified in the proposal;
 - d) I/We will exercise all due care and diligence to prevent loss or damage;
 - e) The information given above is correct in every respect;
 - f) I/We have told General Accident everything which is likely to affect the acceptance of the insurance;
 - g) The declaration and proposal shall be the basis of this contract;
 - h) I/We agree to accept the Company's Motor Vehicle Policy subject to the terms, conditions and exceptions contained herein

Signature & Company Stamp (if applicable)	Date: dd/mm/yyyy

FOR COMPANY USE ONLY

Date Received: dd/mm/yyyy	Branch/Agent/Broker	Received by	Signature
Policy Number	Comments		