

# Proposal Form

"AN INDIVIDUAL WHO ASSISTS AN APPLICANT TO COMPLETE A PROPOSAL FORM FOR INSURANCE SHALL BE DEEMED TO HAVE DONE SO AS THE AGENT OF THE APPLICANT"  
( Motor )



1. (BLOCK LETTERS)

Branch Code:

Full Name of proposer  Title: MR  MRS  MISS  OTHERS

CORRESPONDENCE ADDRESS:

<input type="text"/>
<input type="text"/>
<input type="text"/>

OCCUPATION:

TELEPHONE NO:

MOBILE:

E-MAIL:

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Address Where Vehicle is kept if different from above.....

2. Period of insurance: From..... To ..... DATE OF BIRTH  SEX

( The Insurance will not commence until this proposal has been accepted by the insurer and cover note issued )

3. Is your driving license current? Yes  No  Has your driving license been invalidated by competent Authorities? Yes  No

4. How long have you been driving regularly .....

5. Particulars of vehicle to be insured:

Index Mark and Registration Number	Make Of Vehicle And Type Of Body	Cubic Capacity	Year of Make	Price paid by proposer and date of delivery	Seating Capacity including Driver	Proposer's Estimate of Present Value, Including accessories and spare parts.	Chassis No. Engine No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6. Cover (tick as required) Comprehensive  Third Party Fire & Theft  Third Party Only

7. Is this vehicle:

- (a) Your property?
- (b) Bought under a hire purchase agreement?
- (c)
- (d) Registered in your name?

Signature of Proposer and Date:.....

If (b) state the name of interested party .....