



EAGLE INSURANCE COMPANY LIMITED

PROPOSAL FOR MOTOR COMBINED INSURANCE

(specimen printed wordings which include the extensions, are available for inspection upon request)

IMPORTANT: All questions and sub-sections of questions **MUST** be answered fully and if the Proposer is a Firm

or Private Company they must be read as also applying to each individual Partner or Member – Ticks and dashed are not sufficient.

1. Full name of Proposer(Block Letters).....
..... Date of Birth.....

.....
.....
.....
(If Partnership Full Names of Partners must be given)

(if individual)

2. Full Address P O Box
No.....

..... Tel

No.....

3. Trade or Business or Occupation..... Tel

No.....

4. Period of Insurance from..... to Please specify a) 31/1/ b)
31/5/ c) 30/9/

5. SCHEDULE – PARTICULARS OF VEHICLES TO BE INSURED (SEE ATTACHED SCHEDULE)

GENERAL INFORMATION

6. (a) Are you the owner of the vehicle? If not, state the owner's name.....

(b) In whose name is the vehicle registered?

(c) Is the vehicle being bought on terms? If so, state 1) with whom.
.....

2) how much is owing
.....

Does any person or organization have an interest in the vehicle such as a bond or lien? If so give details
.....
.....

7. (a) Please state driving licence details of owner (if an individual) and regular drivers:

Full Name and Date of Birth	Full or Provisional	Licence No.	Date of Issue	Place of Issue

8. Have you or has any other person who to your knowledge will drive, during the past five years been convicted, or paid an admission of guilt fine for any offence other than for parking offences in connection with the driving of any vehicle, or is any prosecution pending or has any driver had their licence endorsed or suspended? If so, give details

.....

9. Are you entitled to a "No Claim Rebate"? (applicable to Comprehensive Covers only), or other preferential terms from your previous Insurers? If so, please attach renewal Notice(s) or other documentary proof

10. Do you or any other person who to your knowledge will drive, suffer from defective vision or hearing, or from any physical infirmity or mental illness?If so give details.....

11. Has there been any accidents or losses during the past 36 months (whether resulting in a claim or not) in connection with any vehicles owned or driven by you or for you? Has any person who to your knowledge will drive been involved in any accident? Answer YES/NO.... If so, give details requested in the following schedule:

Year	Total No. of Vehicles owned by You	Total No. of Accidents & losses	Circumstances	TOTAL COST (Paid & outstanding)	
				Own Material Damage	Third Party & Other losses

12. Have any Insurers verbally or otherwise in respect of the Proposer and his/her spouse where the proposer is an individual or where the proposer is a partnership or partner in a partnership or employee thereof or if a company its members or employees who will drive the vehicle:-

- (a) Declined his or her Proposal? (a)
-
- (b) Required you specially to carry a portion of any losses? (b)
-
- (c) Required an increased premium or imposed special condition? (c)
-
- (d) Cancelled his or her Policy? (d)
-
- (e) Refused to renew his or her Policy? (e)
-

13. Is the vehicle kept in a lock-up garage at night? Answer YES/NO..... If not, where is it kept?

.....
.....

PRIVATE MOTOR CAR

14. Will the Motor Car(s) be used: -

- (a) solely for social domestic and pleasure purposes and for (a)
.....
journeys between your home and permanent place of
business without making business calls on the journeys
- (b) in connection with the motor trade? (b)
.....
- (c) in connection with any business or profession? (c)
.....
- (d) hiring of the carriage of Passengers for reward? If the (d)
.....
answer is yes please complete questions 25 to 27

MOTOR CYCLE

15. Will the cycle be used:-

- (a) solely for social domestic and pleasure purposes?
- (b) If not, will the use(s) be: -
 - l) solely by you in person in connection with your profession l)
.....
or business (other than the profession or business of your
employer

ii) on your employer's profession or business? li)

iii) by any other person for professional or business purposes? lii)

16. Will you carry a passenger on either 1. the pillion carrier 2. the side car?
1..... 2.....

COMMERCIAL VEHICLE

17. State Motive Power (Petrol, Diesel, Steam or Electrical)

18 Give details of Trailers, which are to be insured on schedule above separately.

19. What are the purposes for which the vehicle will be used?

20. Will the vehicles(s) be used at any time for the carrying of: -

a) Passengers 1. Fare-paying 2. Non-fare-paying? a) 1.....

2.....

b) Explosives b).....

c) Own Goods c).....

d) Goods for reward d).....

21. If cover required for carrying unauthorized passengers ANSWER YES/NO. Limit US\$500.00

For the purpose of this question a passenger is a person taken on by the driver without the knowledge of the insured

BUS/COMMUTER OMNIBUS/TAXIS AND/ OR ANY OTHER FARE PAYING PASSENGER VEHICLE

22. (a) If vehicle is not new, when was is last overhauled?

.....

(b) By whom?

.....

23. What are the purposes for which the vehicle will be used?

.....

24 What is the total licensed passenger carrying capacity of the vehicle?

.....

(a) Number of Seats?

.....

.....

(b) Number of standing passengers allowed by law?.

.....

- NOTE: A. "Statement by Paid Drivers" forms must be paid in respect of ALL your drivers and certified copies of licences and medical certificates must be submitted for each driver.
- B. With Commuter Omnibus proposals the latest CVR vehicle check forms must be supplied together with a certified copy of each driver's medical certificate and statement by paid Drivers form-
- N.B. Personal

Accident Cover is compulsory by law in respect of Commuter Omnibuses.

Make of Vehicle cycle / trailer type of body	Has Vehicle been rebuilt/modified in any way	Year of Construction	Registered Chassis and Engine Numbers	Classis and Engine Number	No. of seats registered passenger capacity	Price proposed	Proposed by estimated present value including accessories & spare parts	From where purchased	Cover required (see below)
				CH. ENG.					
				CH. ENG.					
				CH. ENG.					

NOTE 1: Cover required

1. Comprehensive
2. Full Third Party Fire & Theft
3. Full Third Party
4. Fire & Theft (Laid Up Vehicles only)
5. Road Traffic Act (Not Recommended)

NOTE 2: Details of spare parts and accessories such as Car Radios, Tape Decks, CD Players, Wind Bubles, Visors, Central Locking, Alarm System, Seat Covers exceeding US\$300.00 in value must be specified below if Comprehensive or Fire& Theft cover is to extend to them:

NOTE 3: If the vehicle belongs to charitable organization, diplomatic Mission or any other organization given dispensation by Government not to pay duty on such vehicle, it is incumbent on such owner in the event of a total loss claim to have the vehicle released into the Company's name or to pay the duty realized on the change of ownership prior to the settlement of the claim.

NOTE 4: The standard Third Party Property Damage limit is US\$10 000.00 and Towing/Recovery Costs US\$300.00. Do you require these limits to be increased? YES/NO

1. Third Party Property Damage Limit required
2. Towing / Recovery Cost Limit required

DECLARATION

I/We submit this Proposal to EAGLE INSURANCE COMPANY LIMITED and I/We hereby declare and warrant that the answers given above are true and correct in every respect and are deemed to be warranties and shall be promissory during the currency of this insurance and that I/We agree to give immediate written notice to the Company of any alteration of risks herein submitted: and subject to such notice the payment of each renewal premium shall be considered to have reaffirmed the answers to the questions in this Proposal. That I/We have not concealed any important circumstances that ought to be communicated to the Company. That no other insurance of any kind is or will be carried by me/us on the Motor Vehicle(s) described herein whilst this Policy is in force without the written consent of the Company and further that neither facts within the knowledge of nor statements made to any agent of the Company shall be binding on the Company unless embodied in writing on this Proposal Form.

I/We agree that this Proposal and these warranties shall form and continue to form the basis of the contract between the Company and myself/ourselves and I/we are willing to accept a Policy subject to the terms and conditions contained therein and to pay the premium immediately the Proposal has been accepted by the Company.

I/We undertake that the vehicle(s) to be insured shall not be driven by any person who to my/our knowledge has been refused any motor vehicle insurance or continuance thereof.

Please ensure that definite replies to all questions have been furnished before signing this proposal.

Date

Proposer's Signature

AGENCY:

BRANCH:

