



MOTOR INSURANCE PROPOSAL FORM

WeAlwaysStandByYou

DETAILS OF THE PROPOSER

Full name of Proposer _____

Postal Address _____

Occupation/Profession _____

Telephone no _____ E-mail _____

Full name of owner of the vehicle _____

TYPE OF COVER REQUIRED

- Comprehensive (Telematics Insurance?) (Yes) (No)
- Third Party Fire and Theft
- Third Party Only

VEHICLE REGISTRATION NO.	MAKE AND MODEL OF VEHICLE.	CUBIC CAPACITY.	TYPE OF BODY	YEAR OF MANUFACTURE.	SEATING CAPACITY (INCLUDING DRIVER)	SUM INSURED (INCLUDING ACCESSORIES)	TYPE OF ACCESSORIES & VALUE)

VEHICLE USAGE

- For what purpose would the vehicle be used Private Commercial
- If for Commercial purposes, please specify
 Own Goods Carrying General Cartage Passenger Carrying Special Typ
- Has the vehicle been adapted or altered to carry loads heavier than that stated in the manufacturers' specification Yes No

INSURANCE HISTORY OF PROPOSER

- Give particulars of any motor accident or loss during the last three years
- Is there any other insurance on the vehicle? If yes, state the insurer(s)
- Are you entitled to a "No Claim Discount" from your previous insurer(s)? If so, provide evidence.
- Has any previous request for insurance by you been: declined, cancelled or had special terms imposed?

INSURANCE HISTORY OF PROPOSER

- Have you or has any other person who to your knowledge would drive this vehicle:
 Any physical defect or infirmity? Any prosecution against you in court? Ever been convicted of any motor offence
- Do you and all persons who to your knowledge would drive this vehicle, have valid driving licenses? Yes No
- Is any person or institution financially interested in the vehicle? If yes, specify
 Period of Cover: Commencing from _____ To _____

DECLARATION BY PROPOSER

I/We declare that no information has been withheld that might influence acceptance of the insurance, and I/We agree that this proposal signed by or caused to be signed by me/us, shall be held to be promissory and of continuing effect, and shall form the basis of and be deemed to be incorporated in the contract between me/us and VANGUARD ASSURANCE . I/We further agree to accept the insurance Policy on the terms and conditions set forth in the relevant Policy document and to pay the premiums charged. I/We undertake that the vehicles/motor cycles to be insured shall not be driven/ridden by any person who, to my/our knowledge; has been refused any motor vehicle/cycle insurance or continuance thereof.

**Please request for the relevant policy document, if not provided.*

Proposer's Signature _____ Date of Proposal _____ Agent/Broker Name _____