



# VANGUARD ASSURANCE MOTOR VEHICLE INSURANCE PROPOSAL FORM

## A. DETAILS OF THE PROPOSER

1. Full name of Proposer: .....
2. Postal Address: ..... Digital Address: .....
3. Occupation/Profession: ..... ID Type & No.: .....
4. TIN No: ..... Date Of Birth/Incorporation..... Telephone No.: .....
5. Mobile No.: ..... Fax: ..... E-mail: .....
6. Full Name of owner of the vehicle: .....

## B. TYPE OF COVER REQUIRED

- Comprehensive     Comprehensive (Telematics)     Third Party Fire and Theft     Third Party Only

## C. VEHICLE(S) DETAILS ( New or Old)

## D. POLICY CURRENCY ( Cedi Dollar Euro Pound)

(Kindly attach a list with the following details if more than 2 vehicles)

(i) VEHICLE REG. NO.	(ii) MAKE & MODEL OF VEHICLE	(iii) CUBIC CAPACITY	(iv) TYPE OF BODY AND COLOR	(v) YEAR OF MAKE	(vi) YEAR OF REG.	(vii) SEATING CAPACITY (INCLUDING DRIVER)	(viii) SUM INSURED (INCLUDING ACCESSORIES)	(ix) TYPE & VALUE OF ACCESSORIES	(x) COST OF VEHICLE	(xi) MILEAGE

- (xii) Engine Number: ..... (xiii) Chassis Number: ..... (xiv) TPPD Limit: .....

**NB:** Net claim payable is on indemnity basis and subject to adjustment as per the terms and conditions of the policy.

## E. VEHICLE USAGE

7. For what purpose would the vehicle be used?  Private  Commercial
8. If Commercial, please specify:  Own Goods Carrying  General Cartage  Passenger Carrying  Special Type.....
9. Has the vehicle been adapted or altered to carry loads heavier than that stated in the manufacturers' specification? (Yes/No).....
10. Has the vehicle been adapted or altered to improve its value beyond the going market replacement cost? If yes, specify.....

## F. INSURANCE HISTORY OF PROPOSER

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

## G. OTHERS

15. Have you or has any other person who to your knowledge would drive this vehicle: a. Any physical defect or infirmity?..... b. Any prosecution against you in court?..... c. Ever been convicted of any motor offence? .....
16. Do you and all persons who to your knowledge would drive this vehicle, have valid driving licenses? (Yes/No).....
17. Is any person or institution financially interested in the vehicle? If yes, specify.....

H. Period of Cover: Commencing From: .....

To: .....

**NB:** The information requested herein are considered as material facts. All efforts must be made by the proposer to provide responses please. You must notify us at any time during the currency of this policy, if your Interest in the vehicle(s) changes. This policy is not transferable. Kindly request for the relevant policy document when this policy is issued to you. We reserve the right to invalidate this policy at anytime during the currency of this policy, as a result of any material fact being misrepresented to us or withheld by you.

## I. DECLARATION BY PROPOSER

I/We warrant that the above statements and particulars completed by me/us or on my/our behalf, are true, correct and complete, and contain all information known to me/us as affecting the risk to be insured. 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.

J. Proposer's Signature:..... Date of Proposal:..... Agent/Broker Name:.....

## K. FOR OFFICIAL USE

1. Has Vehicle been Physically Inspected? .....
2. Have Pictures been taken? .....
3. Has the cost been compared with Market Values? .....
4. Kindly Enter NCD Confirmation code (If Available) .....

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Authorised Name and Signature