MOTOR VEHICLE INSURANCE – PROPOSAL FORM

PLEASE COMPLETE THIS FORM IN BLOCK LETTERS

DETAILS OF PROPOSER

1. NAME: ________________________________________________________________
2. ADDRESS: _____________________________________________________________
3. BUSINESS / OCCUPATION: ____________________________________________
4. TELEPHONE NO.: ______________________________________________________
5. EMAIL: ___________________________ ___________________________________

DETAILS OF VEHICLE(S)

<table>
<thead>
<tr>
<th>MAKE / MODEL</th>
<th>TYPE OF BODY</th>
<th>REG. NO.</th>
<th>YEAR OF MAN.</th>
<th>CUBIC CAPACITY</th>
<th>SEATING CAPACITY</th>
<th>VALUE</th>
<th>ENGINE / CHASSIS NUMBER</th>
</tr>
</thead>
</table>

6. Type of Motor Policy preferred:
   Comprehensive ______ Third Party Fire & Theft ______ Third Party ______

7. Is the vehicle in a GOOD state of repairs? Yes ______ No ______

8. What is the USE of the vehicle? _________________________________________

9. Has the vehicle been altered or modified from the original state?
   Yes ______ No ______

10. Are you the owner of the vehicle (Yes/No) and is it registered in your name?
    Yes ______ No ______

11. Does any institution/person have any FINANCIAL INTEREST in the vehicle?
    Yes ______ No ______
    If yes, state details________________________________________________________

12. Has any insurance company ever in connection with any motor vehicle owned by you:
    a. Decline your proposal? Yes ______ No ______
    b. Charged you extra premium? Yes ______ No ______
    c. Refused to renew your policy? Yes ______ No ______
    d. Cancelled your policy? Yes ______ No ______

13. How many year(s) have you been driving without an accident? ________________

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Do you require an increase in your Third Party Property Damage limit?

Yes ☐  No ☐

If Yes, state the amount of increase ________________________________

PERIOD OF INSURANCE

Insurance to commence on ___________ 20 _____ to ___________ 20 _____

DECLARATION

It is the duty of the proposer to disclose all material facts relevant to the risk. A material fact is one that is likely to influence our judgment and acceptance of your proposal. If your proposal is a renewal, it should include any change in facts previously advised to us. If you are in any doubt about facts considered material, disclose them. Please note that failure to disclose a material fact or if any information provided proves to be incorrect, we may void your policy and decline to pay any claim.

I/We declare that the statements and particulars made by me/us in this proposal are, to the best of my/our belief, complete and true and I/we agree that this proposal, together with any other information supplied by me/us, shall form the basis of the contract of insurance effected thereon.

I/We further declare and agree that if the statement and particulars above have been completed in the handwriting of any other person other than the undersigned, such person is deemed to be the representative of the proposer for the purpose of completing this proposal.

Signing this proposal form does not bind the INSURER to complete this insurance.

Date: _________________________       Signature: ___________________________________

Agent /Broker: _______________________________