



GENERAL

Sagicor General Insurance Inc.

# 'Key Protector' Motor Insurance Proposal Form

Please complete all details on this page. Please write in BLOCK LETTERS and tick ✓ correct answer boxes.

If you have ticked a shaded  box on this form please give full details in spaces provided.

We will provide you with a copy of the completed form on request.

## GENERAL DETAILS

**1. Date you require insurance from:**

Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

**2. Full names of proposer(s):**

State: Mr, Mrs, Miss, Ms or other title

i) \_\_\_\_\_

ii) \_\_\_\_\_

**3. Date of birth:**

i) Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

ii) Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

**4. National Registration Number (I.D. #):**

i) \_\_\_\_\_

ii) \_\_\_\_\_

**5. Profession or Occupation and Name of Employer:**

i) \_\_\_\_\_

ii) \_\_\_\_\_

**6. Full Postal Address:**

\_\_\_\_\_  
\_\_\_\_\_

**7. Telephone Numbers:**

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**8. E-mail Address:**

\_\_\_\_\_  
\_\_\_\_\_

**9. a) Address where vehicle(s) are usually kept:**

\_\_\_\_\_  
\_\_\_\_\_

b) Please state whether kept in a garage or on the road?  
\_\_\_\_\_

**10. Will the vehicle(s) be used:**

Solely for social, domestic and pleasure purposes or travelling to and from your normal place of work? Yes  No

If you have answered 'No', please state use of vehicle(s)

**11. Particulars of your driving licence:**

a. Driving Licence No.: \_\_\_\_\_

b. Class of Licence: \_\_\_\_\_

c. Expiry Date: \_\_\_\_\_

**Please attach copies of licence**

d. Has your driving licence ever been suspended or endorsed? Yes  No

e. How long have you been driving motor vehicles continuously?  
Years \_\_\_\_\_ Months \_\_\_\_\_

f. Will anyone who is under the age of 25 and or driving less than 2 years or over the age of 65 drive this vehicle? Yes  No

**12. Have you or any other person who will drive:**

a. Suffered from defective vision or hearing or from any physical or mental infirmity, diabetes or heart defect? Yes  No

b. Been declined for motor insurance or had a motor policy cancelled or special terms imposed? Yes  No

c. Been convicted of any offence(s) in connection with the driving of any motor vehicle or received notice of prosecution pending within the last three years? Yes  No

Details:

**13. Details of previous motor insurance held by you or anyone else who will drive:**

a. Name of insurance company \_\_\_\_\_

b. Are you entitled to No Claim Discount from your previous insurers in respect of the vehicle proposed? \_\_\_\_\_

c. If Yes, state percentage: \_\_\_\_\_

**Please attach original notice or letter of confirmation**

## 14. PARTICULARS OF VEHICLE(S) TO BE INSURED

	Vehicle (i)	Vehicle (ii)
Date of Purchase:	_____	_____
Registered Number:	_____	_____
Year of Manufacture:	_____	_____
Make & Model:	_____	_____
HP/CC:	_____	_____
Engine Number:	_____	_____
Chassis Number:	_____	_____
Vehicle Identification Number:	_____	_____
Transmission Type:	_____	_____
Colour:	_____	_____
Seating Capacity:	_____	_____
Type of Body:	_____	_____
Number of Doors:	_____	_____
Purchase Price incl. Accessories:	_____	_____
Value To Be Insured:	_____	_____
Seat Belts:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Air Bags:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

	Vehicle (i)	Vehicle (ii)
<b>15. Is the vehicle:</b>		
a. Left-hand drive or Right-hand drive?	_____	_____
b. New/Reconditioned or Second Hand?	_____	_____
If second hand give name and address of previous owner:	_____	_____
	_____	_____
c. In a good state of repair?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. Registered in your name?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
e. Owned solely by you?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
f. The subject of a Financial Interest (lien) agreement?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If, Yes, please state name and address of Financial Company.	_____	_____
	_____	_____
	_____	_____

<b>16. Has the vehicle ever been involved in an accident or a write-off?</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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If, Yes, provide a recent survey report.

**If a write-off, a survey report from the relevant authorities is compulsory.**

<b>17. Has the engine been specially modified or adapted to increase performance?</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If, Yes, please give brief details.	_____	_____
	_____	_____

## 18. COVERAGE

i) <input type="checkbox"/> Comprehensive	Basis of Claims Settlement (Applies to Comprehensive cover only)	ii) <input type="checkbox"/> Third Party
	<input type="checkbox"/> Sum Insured	
	<input type="checkbox"/> Market Value	

## 19. LOSS OF USE EXTENSION

Vehicle (i)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Vehicle (ii)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Note: This extension is only available in **Barbados** and if you have Comprehensive cover. We will provide a hired car for a maximum period of 28 days if your vehicle is the subject of an insurance claim under this policy.

The type of hired car will not exceed 1600cc. engine size and all arrangements for use will be made by us.

## 20. ACCIDENT/CLAIMS HISTORY

Give particulars of ALL accidents and losses during the past three years whether insured or uninsured and whether resulting in a claim or not. Please note this applies to all vehicles owned and or driven by you.

Date of Claim	Vehicle Reg. No.	Brief details of accident	Cost (Paid & Outstanding)		Name of Insurance Company.
			Own Damage	Third Party	

## 21. ADDITIONAL INFORMATION

Give particulars in respect of any other person(s) (including members of your family or household or business associates or employees) who to your knowledge will drive.

Name	National Reg. Number	Age	Occupation	Driving Experience	Class of Licence	Details of Accidents during Past 3 Years

### Excesses which apply to Section 2 only

**Total Compulsory** \_\_\_\_\_  
**Total Voluntary** \_\_\_\_\_  
**Total Young & Inexperienced Driver** \_\_\_\_\_  
**Total Non Declared Driver** \_\_\_\_\_

## DISCLOSURE

All important facts which may affect the acceptance or assessment of the coverage requested by this proposal must be disclosed. If you are in doubt about what is important, tell us or your broker. Failure to disclose these facts may invalidate the Policy.

## DECLARATION AND SIGNATURE

I declare that to the best of my knowledge and belief the information on this form is true in every respect. I also declare that if anything on this form was written by another person, he or she acted as my agent for this purpose. I agree that this proposal and declaration will be the basis of the contract between me and the Company.

I agree that the Company may disclose details of or relating to this agreement, particulars of any claim or payment made pursuant to this agreement to any third party and that the Company may make such enquiries regarding my creditworthiness or insurance history as the Company sees fit.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Proposer

**The Company reserves the right to refuse any proposal.**

**OFFICE USE ONLY**

**EFFECTIVE DATE:** dd / mm / yy

**EXPIRY DATE:** dd / mm / yy

**POLICY NUMBER:** \_\_\_\_\_

**CLIENT CODE:** \_\_\_\_\_

Please ensure that the applicable documents required are received and attached to proposal:

- Copy of licence(s) \_\_\_\_\_
- Valuation \_\_\_\_\_
- Proof of No Claims \_\_\_\_\_
- Medical Report \_\_\_\_\_
- Proof of Ownership \_\_\_\_\_
- Survey Report \_\_\_\_\_
- National Registration (ID) Card \_\_\_\_\_
- SC Card \_\_\_\_\_
- Other \_\_\_\_\_

	Vehicle (i)	Vehicle (ii)
VALUE		
NCD		
PREMIUM CALC.		

**Total Premium:** \_\_\_\_\_

**Stamp Duty:** \_\_\_\_\_

**Underwriter:** \_\_\_\_\_

**Date Completed:** \_\_\_\_\_

