



Sagicor General Insurance Inc.

122 St. Vincent Street, Port of Spain, Trinidad and Tobago, W.I.
 Tel: 1 (868) 623-4744 • Fax: 1 (868) 628-1639
 Website: www.sagicor.com • Email: getcovered@sagicorgeneral.com

MOTOR INSURANCE QUOTATION FORM

(PLEASE COMPLETE ALL DETAILS IN BLOCK LETTERS ONLY)

PROPOSER

Name: **DOB: DD/MM/YYYY:** **Age:**
Address:
Email: **Contact No.:**
DP No.: **Issue Date:** **Expiry Date:**
Occupation/Business of Company:
Employer:

VEHICLE

Make: **Model:**
Use of Vehicle: Private Commercial **Registration No.:**
Year of Manufacture: **Seating Capacity (Including Driver):**
Chassis No.: **Engine No.:** **CC/HP:**
Type of Coverage: Comprehensive Third Party Fire & Theft Third Party Only
Value/Sum Insured: \$ **Is Vehicle Mortgaged:** Yes No
 If Yes, state financial Institution:
Previous Insurer: **No Claim Discount (%):**
Anti-Theft Devices (Specify make and model):
Windscreen Limit (Applicable to Comprehensive and Third Party Fire and Theft Coverage Only): \$
Loss of Use (Applicable to Comprehensive Coverage Only): Yes No
Roadside Assistance (Mandatory for all Private Registered Vehicles): Yes No

ADDITIONAL DRIVER(S) INFORMATION

Name:	Date of Birth	Age	DP No.	Issue Date	Occupation

DRIVER(S) / Accident History for the last three (3) years

Driver:	Year	Brief Details of Accident (Use separate sheet of paper if required)