

PROPOSAL FORM

Please give a full answer to every question.

1. PROPOSED COVER

- A. Third Party
- B. Third Party Fire and Theft
- C. Comprehensive
- D. BASIC/STAR/GOLD/PLATINUM

2. PERIOD OF INSURANCE

COMMENCING ON:.....
 EXPIRING ON:.....

Do you wish to bear the first €170,€255,€340,€425,€510,€598.....

3. PROPOSER'S PARTICULARS

FULL NAME:.....
 ADDRESS:.....
 Profession or type of work:.....
 Date of Birth:.....
 Identity card NO.....
 Nationality:.....
 Marital Status:.....

Have you got any other Insurance with our Company?.....

4. OWNERSHIP OF VEHICLE

Is the vehicle registered in your own name?.....
 If not, give full name of owner.....
 Name of owner by virtue of a Hire Purchase Agreement (if any).....

5.1.a Have you, or any other person who will be driving, during the last three years been driving regularly and held the appropriate license for the specific type of vehicle to be Insured?

5.1.b Have you, or any other person who will be driving the vehicle to be insured, not permitted to have a driving license, or the license been revoked and/or restricted and/or cancelled?.....

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5.2. Is the vehicle in good/usable condition?

5.3. Have any alterations been made to the original type of the vehicle?.....

If yes, give details:.....

5.4. Has any vehicle been imported second hand?.....

5.5 State how many vehicles you owned (including m/cycles) during the last three years.

Year 2.....	2.....	2.....
No. of Vehicles.....		

5.6 To the best of your knowledge and belief, do you or any person who will be driving the motor vehicle to be insured, suffer now or suffered during the last four years from:-Diabetes, Epilepsy, heart problems, reduced vision or hearing, or restricted use of hand and legs, or from any other disease or incapacity of body or mind?

.....

5.7 Has any Insurance Company or any Insurer at any time and in connection with Motor Insurance:-

A)Decline any Motor Proposal.....

.....

B)Impose an increased premium or special terms.....

.....

C)Refuse to renew or cancel any one motor policy.....

.....

5.8 Have you now or did you in the past, an Insurance policy in force covering any motor vehicle? If yes, please state the name of the Insurance Company and the policy number

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5.9 Do you intend to rent the vehicle/vehicles?.....

5.10 Did you get involved in any motor accident during the last three years?

If yes, give details:.....

5.11 Have you or any other person authorized to drive been convicted during the last 3 years for any criminal offence or violation of traffic Regulation or been fined with points in your driving licesce?
 If yes, give details.....

6.
 6.1 Details concerning the vehicle(s) to be insured

Reg. No.	H.P/C.C	Make&Model	Year of Manufacture	Value of Vehicle	Date of Purchase
Whether the vehicle will draw a trailer(if the trailer is known it should be specified)	Whether any of the vehicles is left-hand-drive	Sports car/ increased horse power or capacity	Hard Top/Soft Top		

APPROVED CARRYING CAPACITY OF VEHICLE(S) AS REGARDS
 Passengers Including the Driver

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6.2 Particulars concerning all drivers of vehicles, including the insured.
 (State "any driver" in case the drivers are not named)

1.Name	Date of Birth	Date of issue of Driving licence- State whether Learner	Driving Licence Number/Country
2.Name	Date of Birth	Date of issue of Driving licence- State whether Learner	Driving Licence Number/Country

3.Name	Date of Birth	Date of issue of Driving licence- State whether Learner	Driving Licence Number/Country

Place of Permanent Residence

1.....

2.....

3.....

6.3. Intended use of the vehicle(s) to be insured

State the purposes for which the vehicle(S) will be used (complete whichever section is applicable)

A.Private Vehicle or Vehicles

State whether will be used also for business purposes by any person except the insured:-.....

B.Vehicle(s) for transport of goods

State whether they will transport:-(i)

General Cartage
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(ii)

Own Goods
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C.Motor Cycle(s)

State whether for:- (i) Private use

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(ii) Commercial use

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7.State any other material fact affecting or concerning the risk to be insured:-

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DECLARATION

I hereby declare that to my best knowledge and belief, whatever is stated in this proposal is absolutely true and then I have not concealed, distorted or misrepresented any fact. I also agree that this proposal and

declaration shall be absolutely binding upon me, shall form the basis of this policy between myself and the Insurance Company and will be considered as forming part of the Policy to be issued.

Signature of proposer:

Date:.....

NOTICE:- The Insured's attention is particularly drawn to the following:-

A. That in case of transfer or agreement to transfer the vehicle, the Insurance cover is terminated.

B. That carrying of unlawful passengers is prohibited and that if such passengers are being carried you shall be personally responsible for their injuries.

C. That if the vehicle is driven by unauthorized driver or by a driver under the influence of drink or drugs, you be responsible for any claim that might arise as a result of such driving.