

MOTOR INSURANCE PROPOSAL

Broker/Agent		Proposal Number		Policy No	
--------------	--	-----------------	--	-----------	--

<p>IMPORTANT NOTES</p> <p>Please read before completing this form</p> <p>You have an important duty to tell us any information that may affect the acceptance of this proposal.</p> <p>You must tell us all material facts.</p> <p>A material fact is one which could influence us in deciding whether or not to insure you (such as convictions), and if so, on what terms and conditions and for what premium. If you not sure whether something is a material fact you should disclose it. This may include giving us information that we may have not asked for directly in the questions in the proposal.</p> <p>If you do not disclose all the material facts your insurance may be invalid and we may refuse to pay any claims you make.</p> <p>Your duty to disclose material facts is an on-going one. You must continue to keep us informed of material facts during the course of being insured with us.</p> <p>Please take notice that I/We understand that:</p> <ul style="list-style-type: none"> <input type="radio"/> This proposal shall form the basis of contract with Pacific Assurance Group (PAG) <input type="radio"/> I am / We are obliged to tell PAG about any information which may be material to the consideration of this proposal and future renewals; <input type="radio"/> Failure to provide any of this information may result in PAG refusing to provide this insurance and any claim being declined. <input type="radio"/> PAG is collecting the information on this proposal to evaluate my insurance.
--

THE APPLICANT(S)				
Title	Surname	Given Names	D O B	Telephone
Occupation				
Postal Address				

MOTOR VEHICLE DETAILS	
MAKE	
MODEL	
YEAR	
DESCRIPTION OF VEHICLE	
REGISTRATION NUMBER	
ENGINE NUMBER	
CHASSIS NUMBER	
SUM INSURED	
TYPE OF COVER	<input type="checkbox"/> Comprehensive <input type="checkbox"/> Motor Owners Liability Protection Only <input type="checkbox"/> Third Party Only <input type="checkbox"/> Fire, Theft & Third Party <input type="checkbox"/> Fire & Theft
DETAILS OF INTERESTED THIRD PARTY (eg Bank)	
PERIOD OF INSURANCE	From _____ to _____ 4pm

GENERAL INFORMATION

1 List the name of driver(s) who will regularly drive the motor vehicle that is going to be insured

Driver Information

Full Name	Date of Birth	Relationship to Insured

2 In the last 5 years have you or any of the drivers mentioned above who will be driving this motor vehicle

- | | | |
|--|------------------------------|-----------------------------|
| a) Had any insurance cancelled or refused? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Have a driving licensed endorsed, suspended or cancelled? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) Had a motor vehicle accident? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you have answered "Yes" to any of the above, please provide full details:
(If any information is disclosed here, PAG must be contacted before proceeding further)

3 **ACCESSORIES**

Do you have any accessory(ies) that were not standard with the vehicle when it was new, that are valued over K1,000 (eg mag wheels, stereos)? Yes No If "Yes" please supply full details.

OPTIONAL SPECIAL BENEFITS

Indicate with a tick which options you require Earthquake
 Riots, Strikes, Civil Commotion

CLAIMS DECLARATION

I/We have not been insured for Motor Vehicle Insurance during the last 5 years

or

I/We have not made a claim during the last 5 years on our motor policy with

or

I/We have made the following motor claims in the last 5 years

Name Insurance Company

Date	Amount	Insurance Company	Details

SIGNATURE AND DECLARATION

Please complete the following before signing. Where any question is answered NO, then further details are to be provided in the box below headed "Exceptions to this declaration"

- a) Have you told PAG everything which is likely to affect the acceptance of this insurance? Yes No
- b) Have all insurers which you have dealt with:
- agreed to insure you and your motor vehicle at all times on standard terms? Yes No
 - offered renewals? Yes No
 - accepted all claims you have made? Yes No
- c) Do you confirm that over the last 5 years you have not suffered loss or damage to any vehicle owned by you other than that disclosed in the Claims Declaration section on this proposal? Yes No
- d) Is the vehicle to be insured well maintained and free from any damage or fault? Yes No
- e) Does the sum to be insured represent a full value of the vehicle insured? Yes No
- f) Do you confirm that you have not committed any criminal offences or been charged or convicted of criminal offence (other than traffic or parking infringements) or been declared bankrupt during the last ten years?
- g) Is the information given in this proposal correct in all respect? Yes No
- h) Are you aware that if you choose not to provide any information requested on this form, Pacific Assurance Group may decline your application for insurance? Yes No

- 1 The Duty of Disclosure, Non-Disclosure and Inadequate Space to Answer have been read by me/us.
- 2 All answers and statements made in this application are true and accurate in every respect and no information has been withheld which is likely to affect your decision about accepting this insurance.
- 3 I/We acknowledge you reserve the right to decline any application
- 4 I/We give Pacific Assurance Group the authority to contact my previous insurers and obtain policy and claims details.

Applicant's Signature

Applicant's Title

OFFICE USE ONLY

Underwriting Department

Acceptance Notes

Valuation Needed

Reinsurance Needed

Initials

Dated

Premium	
Stamp Duty	
IC Levy	
VAT	
TOTAL PREMIUM	

EDP Dept.

Proposal Code

Entered By

Date Entered

Policy Form

Extension Clauses