



SACOS INSURANCE COMPANY LTD

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YOU SHOULD FULLY AND FAITHFULLY
GIVE THE FACTS YOU KNOW OR OUGHT
TO KNOW, OTHERWISE YOU MAY
RECEIVE NOTHING FROM THIS POLICY

PROPOSAL FORM FOR PRIVATE VEHICLE INSURANCE

PRIVATE MOTOR VEHICLES being cars of private including three – wheeled and dual purpose cars not being GOODS VEHICLES or PUBLIC SERVICE VEHICLES and which are used for social, domestic and pleasure purposes and for business or profession of the Insured but excluding use for hire or reward, any type of test, competition or trial, carriage of goods, and conveyance of passengers for hire or reward or use for any purpose in connection with the Motor Trade.

CHECK LIST
(for official use)

All questions must be answered fully. Delete Yes or No and give details where required.

A. DETAILS OF PROPOSER AND DRIVERS

1. Proposer

(a) Full name: _____
(Block Letters)

(b) Address: _____ (c) Telephone No.: Home: _____
(Block Letters) Office: _____

(d) Age: _____ (e) Occupation: _____

(f) Recent Motor vehicle Driving Experience: _____

(g) Type of Licence held and date of expiry: _____

(h) Road Licence number and date of expiry: _____

(i) Has any person or firm any financial interest in the motor vehicle? _____

If yes, please state name and address: _____

Give details of all persons who to your knowledge will drive the motor vehicle.
Please continue on separate sheet if necessary.

Full Name	Age	Occupation	Recent Motor vehicle Driving Experience	Type of Licence held and date of expiry
1.				
2.				
3.				

3. Driving History

If yes, give details for A, (i), (ii), (iii)

		If yes, give details for A, (i), (ii), (iii)		
		Name of Driver	Date	Circumstances of accidents or loss, Conviction or prosecution
(A) Have you or to your knowledge any of the above Drivers				
(i) Had any accident or loss during the past 5 years	Yes/No			
(ii) Had any conviction in the past 5 years	Yes/No			
(iii) Any prosecution pending for any offence in Connection with a Motor Vehicle	Yes/No			

4. Insurance History

- Name of your last insurance company: _____
- How long were you Insured with them? _____
- Do you own any other vehicle/s? _____. If yes, is it/are they insured with the Company? _____
- Are you entitled to a no claim bonus? _____. If yes, proof of entitlement should be produced.
- Have you or to your knowledge any of the above driver/s been refused insurance at normal rates or terms during the past 5 years? _____
If yes, give details? _____

5. Health History

Do you or to your knowledge does any of the above drivers have illness that might affect their driving? _____ If yes, give details _____

6. Details of Vehicle

Year of Make	Make and Model	Engine Capacity	Registration Number	Engine Number	Chassis Number	Seating Capacity	Date of Purchase	Purchase Price	Cost when new if known	Est. Present Value	Est. Cost Of Accessories

IMPORTANT

1. If the Insured value is more than the purchase price of the vehicle, you have to support the Valuation with receipts.
2. The Company reserves the right to request a valuation of the vehicle with an independence valuer.
3. You should insure for the current value of your vehicle in its present state and each year you should revise as the value in event of a claim will be based on the insured value.
4. Has the vehicle been modified from the maker's specifications to give an increased performance?
 _____ If yes, give details _____

7. Use

What will the Motor Vehicle be used for? _____

8. Details of Risk

Type of Cover

What type of cover is required. (Delete what is not required) Comprehensive/Third Party Fire and Theft/Third Party Only.

If comprehensive do you wish to take

- | | | |
|------------------------------|----------|---------------------------|
| (i) Personal accident cover? | YES / NO | |
| (ii) Personal effects cover? | YES / NO | |
| (iii) Windscreen cover? | YES / NO | If Yes, state limit _____ |
| (iv) Loss of use cover? | YES / NO | If Yes, state limit _____ |

NOTE: The above additional covers involve an additional premium.

IMPORTANT: Your insurance may be subject to certain excesses. Please ask for details.

9. Period of Insurance

From _____ To _____

DECLARATION

I/We warrant that the above statements made by me/us on my/our behalf are true and complete and that nothing materially affecting the risk has been concealed by me/us. I/We undertake that the motor vehicle to be insured will not be driven by any person who to my/our knowledge has been refused motor vehicle insurance or continuance thereof and declare that the motor vehicle is in a sound and roadworthy condition. I/We agree that the proposal and this declaration be incorporated in and made the basis of the proposed contract of insurance between the Company and me/us.

IF ANY ANSWER HAS BEEN WRITTEN BY ANY OTHER PERSON, SUCH PERSON SHALL FOR THAT PURPOSE BE DEEMED TO BE MY/OUR AGENT.

Date: Time: Signature: