



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 rewards or use for any purpose in connection with the Motor Trade.

1. DETAILS OF PROPOSER

Name of Proposer

Address

National Identity Number (NIN)

Citizenship status

Telephone (HOME)

Telephone (BUSINESS)

Age

Occupation

Recent Motor vehicle Driving Experience

Email Address

Type of Licence held and date of expiry

Road Licence number and date of expiry

Has any person or firm have any financial interest in the motor vehicle?

Yes No

If yes, please state name and address

2. DRIVERS

Give details of all persons who to your knowledge will drive the motor vehicle

1. Full Name

Age

Occupation

Recent Motor vehicle Driving Experience

Type of Licence held and date of expiry

Other drivers' details

2. Full Name

Age

Occupation

Recent Motor vehicle Driving Experience

Type of Licence held and date of expiry

Other drivers' details

3. Full Name Age Occupation

Recent Motor vehicle Driving Experience Type of Licence held and date of expiry

Other drivers' details

3. DRIVING HISTORY

Have you or any of the above drivers:

- i) Had any accident or loss during the past 5 years whether insured or not? Yes No

If Yes, please give details

- ii) had any conviction in the past 5 years? Yes No

If Yes, please give details

- iii) any prosecution pending for any offence in connection with a motor vehicle? Yes No

If Yes, please give details

- iv) had their license suspended? Yes No

If Yes, please give details

- v) What is your annual mileage?

Alcohol Consumption Yes No

Drug Consumption Yes No

4. INSURANCE HISTORY

- a) Name of your last insurance company

- b) How long were you Insured with them?

- c) Do you own any other vehicle/s? Yes No

If yes, is it / are they insured with Sacos? Yes No

- d) Are you entitled to a no claim bonus? Yes No

If yes, proof of entitlement should be produced.

- e) 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? Yes No

If yes, please give details

5. HEALTH HISTORY

a) Do you or any of the above drivers suffer from any of the following?

Physical Disability (If yes specify which part) Yes No Percentage

Mental Disability Yes No High B.P Yes No Defective Vision Yes No
 Hearing problems Yes No Epilepsy Yes No Diabetes Yes No
 Other disability Yes No

If yes, please give details

6. DETAILS OF VEHICLE

Year of make	Make and model	Engine capacity
<input style="width: 240px; height: 25px;" type="text"/>	<input style="width: 240px; height: 25px;" type="text"/>	<input style="width: 240px; height: 25px;" type="text"/>
Registration number	Engine number	Chassis number
<input style="width: 240px; height: 25px;" type="text"/>	<input style="width: 240px; height: 25px;" type="text"/>	<input style="width: 240px; height: 25px;" type="text"/>
Seating capacity	Date of purchase	Purchase price
<input style="width: 240px; height: 25px;" type="text"/>	<input style="width: 240px; height: 25px;" type="text"/>	<input style="width: 240px; height: 25px;" type="text"/>
Cost when new if known	Estimate of present value	Estimate cost of accessories
<input style="width: 240px; height: 25px;" type="text"/>	<input style="width: 240px; height: 25px;" type="text"/>	<input style="width: 240px; height: 25px;" type="text"/>

ACCESSORIES

Make & Model	Value
Total	

MODIFICATIONS

Has the motor car been modified from the maker's specifications to give an increased performance? Yes No

If Yes, please give details

Is the motor car a right-hand or left-hand drive vehicle?

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 independent 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.

Has the vehicle been modified from the maker's specification to give an increased performance? Yes No

If yes, please give details

7. USE (Answer Yes/No)

(a) Will the motor car be used by you (if personal) or your employees (If business) for:

- Business Pleasure purposes

(b) Will the motor car be used for:

- Hire or reward Rallies, competitions, trials Carriage of goods for business or trade purposes

- Carriage of passengers for hire or reward In connection with the Motor Trade

8. DETAILS OF RISK

Type of Cover

What type of cover is required

- Comprehensive Third Party Fire and Theft Third Party Only

If comprehensive do you wish to take

Personal accident cover? Yes No

Personal effects cover? Yes No

Windscreen cover? Yes No If yes, state limit

Loss of use cover? Yes No If yes, state limit

Funeral Cover? Yes No

Note:

The above additional covers involve an additional premium

Only Drivers and Nominated drivers can be covered under Funeral cover

We will pay for funeral expenses not exceeding SCR 30,000 following fatal injuries to you or any nominated driver resulting from an accident involving your car. Personal Accident covers death and bodily injury to the insured or any authorized licensed driver arising in direct connection with the Motor Vehicle and covers up to SCR100,000 based on a compensation scale.

Other terms and conditions apply.

IMPORTANT

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

9. PERIOD OF INSURANCE

From to

IMPORTANT

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.

Signature

Date