

MOTOR FLEET INSURANCE PROPOSAL FORM

1. Details of Proposer(s):

Trading Name (If any):

Correspondence Address:

Tel:

Mobile:

Fax:

E-mail:

Business or Occupation:

Company website address (if any):

2. Details of Vehicles:

Sr. No.	Manufacture	Make & Model	Type of Body	Year of Manufacture	Seating Capacity Including Driver	Plate No. / Seq. No	Chassis Number	Owner Name	Market Value (Including Accessories)
1									
2									
3									
4									
5									
6									
7									

Are all the above vehicles owned by you and registered in the name specified above?

If No. Please state reason:

Yes No

Do you have any other vehicles?

If 'Yes' Please explain why they are not included in this proposal:

Yes No

Has any vehicle been modified in any way from the manufacturer's original specification?

If 'Yes' Please provide details:

Yes No

3. Details of trailers:

Sr. No.	Description and Serial No.	Value
1		
2		
3		
4		
5		

Continue in an additional information sheet if more than 5 items

NOTE: You are required to ensure that the Sum Insured is revised each year to reflect the current market value as claims will be settled on an indemnity basis. For total losses you will be paid the assessed pre-accident value provided the Sum Insured is adequate.

4. Details of Cover required:

This Cover will apply to all vehicles listed above unless you specifically request otherwise. Please give details in an additional information sheet if necessary:

Please tick the cover required

<input type="checkbox"/> Comprehensive	<input type="checkbox"/> P.A. Benefits to Passengers
<input type="checkbox"/> Third Party Fire & Theft	<input type="checkbox"/> Extension Cover for Dealer Repair
<input type="checkbox"/> Third Party Liability	<input type="checkbox"/> Extension Cover for Hire Car Facilities
<input type="checkbox"/> P. A. Benefits to Driver	<input type="checkbox"/> Extension Cover for Natural Perils
<input type="checkbox"/> Others	

5. Details of regular drivers

Sr. No.	Full Name	Date of Birth	Occupation	Details of Accidents in the last 4 years (continue in the Additional Information sheet if necessary)

If reply to any question below is 'Yes' please provide further details

any physical disability or disease, loss of limb or eye, defective vision or hearing?

Yes No

Have you, or has any other person who may drive any vehicle:

if 'Yes' have an restrictions been imposed on your license? Please give details:

Yes No

been refused insurance or had special conditions imposed?

Yes No

6. Use of Vehicle:

in connection with any occupation or business other than that described by you in this proposal form?

Yes No

Will any vehicle be used:

for haulage purposes i.e. to carry other people's goods for hire?

Yes No

to carry goods of an explosive or dangerous nature, to carry passengers for hire, for hiring out or loaning to other people for payment?

Yes No

7. Previous Insurance and General Information

Do you have any other insurance cover in existence in respect of any of these vehicles proposed for insurance?

If 'Yes' Pleas provide details:

Yes No

Are any of the vehicle(s) hired under a lease purchase contract?

If 'Yes' Pleas provide details

Yes No

Are there any special accessories installed other than by the original manufacturer?

If 'Yes' Pleas provide details:

Yes No

Have you been insured with any Other Company ?

If 'Yes' Pleas provide details:

Yes No

Have you or any partner or director been convicted or charged in respect of any criminal offence?

If 'Yes' Pleas provide details:

Yes No

8. Period of Insurance:

From: _____ To: _____

9. Additional Information

Important Information

Please read the following carefully before you sign and date the Declaration.

The questions on this proposal form and any other details we specifically request relate to facts which we consider material to underwriting this insurance. However, because no list of questions can be exhaustive, please consider whether there is any other material information which is known to you which could influence our assessment and acceptance of the risk.

The insurance we offer is based upon the information provided to us and you must ensure that all information is complete and accurate and that any facts which may influence our decision to accept the risk on the terms offered have been disclosed. This duty to disclose information continues throughout the life of a policy and at each renewal. If you fail to disclose material information you may invalidate your insurance cover which may mean that part, or all, of any claim may not be paid.

We recommend that you should keep a record, including copies of letters and this proposal form, of all information supplied to us for the purpose of entering into this insurance.

Declaration

I/We declare that the above information/answers are true to the best of my/our knowledge and belief and that I/We have disclosed all particulars affecting the assessment of the risk. I/We agree that this proposal and declaration shall be basis of the contract between me/us and the insurers.

Date: _____

Name of Policyholder: _____

Position: _____

Signature of Policyholder: _____

Stamp: _____