

PRIVATE MOTOR POLICY PROPOSAL FORM

Important Note

Take care to complete this form fully and correctly. Failure to disclose a material fact (any fact likely to influence the company's acceptance and assessment of this proposal) will render the insurance void. If you are in doubt of the facts which might be considered material, you should disclose them. The liability of the company does not commence until Credsure has accepted this proposal and the premium paid, except as any Office Certificate issued on behalf of the company.

GENERAL INFORMATION OF THE PROPOSER

SURNAME (Mr/Mrs/Ms/Mrs/Dr/Prof.)		FORENAME(S)	
Postal Address			E-Mail Address
Residential Address			
Occupation		Date Of Birth	
Phone Number	Home	Business	Mobile Phone Number
Period Of Cover :	From	To	Renewable: Annually/Biannually/Quarterly

DETAILS OF THE VEHICLE(S) TO BE INSURED

	Make & Model	Type Of Body	Registration Number	Year Of Make	Engine Number	Chassis Number	Sum Insured (US\$)	Cover*
1								
2								
3								
4								
5								

*Cover Options: **Comp.** -Comprehensive, **FPTF&T**- Full Third Party Fire & Theft, **FTP**- Full Third Party Only

Details of **Audio Equipment** fitted: Make/Model _____ Year Purchased: _____ Serial Numbers: _____

Increased Third Party Property Damage Limit required: US\$ _____

DRIVER INFORMATION (Detail All Drivers including the Registered Owners if he/she will drive the above vehicle(s))

Full Name	Sex	Date Of Birth (DD/MM/YY)	Details of Drivers License			Driving Experience (Give Details of losses incurred)	Costs (if any)
			Number	Date of Issue	Classes Applicable		

1. Have any of the above listed drivers:

- a) been involved in an accident, loss or claim in the past 3 years or license suspended?
- b) been declined motor insurance, had a motor policy cancelled or extra terms imposed for any reason?
- c) is suffering from any physical, defective vision or hearing or mental infirmity that may affect his/her ability to drive?
- d) any conviction for careless, reckless driving, driving under influence of alcohol in the past 2 years?

(Tick Applicable) Provide details if "YES"

<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____

2. Will the car be driven frequently by a driver who is under the age of 30 years and/or less than 5 years driving experience?

3. Usage of the vehicle (tick appropriate)

- a) solely for social, domestic and pleasure purposes including to and from permanent place of business?

b) used in own business?

Policy Number _____

4. Previous Insurance Company _____

I/we agree that this proposal shall be the basis of the contract between me/us and Credsure Insurance Company. I/we declare that the statements made in this proposal are true and correct to the best of my/our knowledge and belief and I/we agree to accept and abide by the Credsure Insurance Company's form of policy for the risks now proposed.

Signature of Proposer _____ **Date** ____/____/____ **Time** ____AM/PM

Name of Agent/ Underwriter _____ **Signature** _____