

# Motor Comprehensive Insurance

## Proposal form



### Completing the Proposal form

1. This proposal must be fully complete including all the required documents
2. It is a duty of proposer to disclose all the material facts, if it would influence the judgement of a prudent insurer.
3. Insurance is based on utmost good faith and in the absence of such good faith, Solarelle may treat your policy as if it never existed if the misrepresentation or your non-compliance with your duty of disclosure was fraudulent.
4. Solarelle assure for the Personal or Sensitive Information/s that we collect are secured from the proposer is secured. Without such Information Solarelle may not be able to process your application, administer your policy or assess your claims.
5. Solarelle may obtain Information from government offices and third parties to assess a claim in the event of loss or damage.

### Personal Information

Name of the Proposer: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

ID/Passport No: \_\_\_\_\_ Company registration No: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Occupation and nature of duties: \_\_\_\_\_  
Including any part time occupation

Name of the Mortgagee: \_\_\_\_\_  
If assigned to other interested parties

Contact Name: \_\_\_\_\_

Position: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Email: \_\_\_\_\_

### Subject Matter:

#### Particulars of Vehicle(s) to be insured

|                                                         | Vehicle #1 | Vehicle #2 | Vehicle #3 |
|---------------------------------------------------------|------------|------------|------------|
| Type of Vehicle:<br>(Please attached the Registry copy) | _____      | _____      | _____      |
| Registration No:                                        | _____      | _____      | _____      |
| Engine No:                                              | _____      | _____      | _____      |
| Chassis No. / VIN No:                                   | _____      | _____      | _____      |
| Make:                                                   | _____      | _____      | _____      |
| Model:                                                  | _____      | _____      | _____      |
| Year of Manufacture:                                    | _____      | _____      | _____      |
| H.P or C.C                                              | _____      | _____      | _____      |
| Carrying or Seat Capacity                               | _____      | _____      | _____      |
| Date of the last overhaul<br>and nature                 | _____      | _____      | _____      |
| Use of the Vehicle                                      | _____      | _____      | _____      |

**Cover required:**

Period of Insurance: From \_\_\_\_\_ To: \_\_\_\_\_

**Select your cover**

Comprehensive

Third Party

**Value to be insured**

Date of Purchase: \_\_\_\_\_

Value to be insured: \_\_\_\_\_

Present Market value of Vehicle: \_\_\_\_\_

(Including Accessories & Spare Parts)

**General Information:**

**Ownership of vehicle(s)**

(a) Are you the sole owner of the vehicle(s) to be insured, and are they registered in your name?  Yes  No

If 'No' please state particulars of ownership and registration. \_\_\_\_\_

(b) Are any of the vehicles being financed by a Hire Purchase Agreement or other type of contract?  Yes  No

If 'Yes' state name and address of finance company. \_\_\_\_\_

Any other persons (s) other than the proposer will drive the vehicle  Yes  No

Have you got the license to drive the class vehicles  Yes  No  
If YES, for how long? \_\_\_\_\_

Has your Driver's Licence ever been Suspended or Endorsed?  Yes  No

**If used for Carriage of goods**

(a) What is their general nature? \_\_\_\_\_

(b) Do you undertake cartage for other persons?  Yes  No

(c) Has the Vehicle been altered or adapted to carry a load heavier than that stated in the Maker's published specification.  Yes  No

**If used for Carrying Passengers**

(a) Are the Passengers carried for hire or reward?  Yes  No

(b) Is the Vehicle used for public service?  Yes  No

Expiry date of existing cover (If any): \_\_\_\_\_

Name of the Previous Insurer (If any): \_\_\_\_\_

Detail of the Previous Owner(s) of the Vessel, Name and Registry No (If any):  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever had a loss before?

Yes  No

If YES, please give particulars:  
\_\_\_\_\_  
\_\_\_\_\_

How many times a year is the bait hauled ashore for maintenance?  
\_\_\_\_\_

Are there any Insurance on the same property in force with this or other Insurance?

If YES, state the amounts and the names of the Companies:

Yes  No  
\_\_\_\_\_  
\_\_\_\_\_

Has the insurance now proposed or any other insurance proposed by you been Declined, Cancelled or Increased your premiums on renewal by any Insurance Company:

Yes  No

**\*Any changes to the manufacturer standard model after the date of this application must be notified to the Company**

**Please enclose with this Proposal a Registry copy, Id card copy, Licence and any additional information to the vessel and operation which you feel may be useful to the Company in assessing the risk**

### Declaration

I/We authorise Solarelle Insurance Private Limited to collect or disclose any personal information relating to this insurance to/from any other insurers or insurance reference service.

I/We declare that I/we have read and understood the duty of disclosure, non-disclosure and policy conditions contained herein and confirm that no information has been withheld which could affect the acceptance of this application.

(No insurance cover is provided until the above proposal is accepted and details of cover are confirmed in writing by Solarelle Insurance Private Limited)

Name of proposer: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of proposer

Company Stamp