

# BRITISH CARIBBEAN INSURANCE COMPANY LIMITED

36 Duke Street, P.O. Box 170, Kingston, Jamaica

Shop #1 29 Gloucester Avenue, Montego Bay, St. James, Jamaica, W.I.

## MOTOR VEHICLE PROPOSAL

PROPOSERS ARE ASKED TO READ CAREFULLY AND ANSWER ALL QUESTIONS FULLY

**Please have the contents thoroughly explained to you before signing this form**

*The Company reserves the right to fix premiums or decline any proposal submitted*

*N.B. For questions with boxes, kindly answer using this symbol [4] as appropriate.*

Proposer's full name (Block letters) Mr., Mrs., Miss, other title \_\_\_\_\_

Occupation \_\_\_\_\_ TRN # \_\_\_\_\_

Private address \_\_\_\_\_

Mailing address (if different from above) \_\_\_\_\_

Telephone no. \_\_\_\_\_ Facsimile No. \_\_\_\_\_ Email \_\_\_\_\_

Business Address \_\_\_\_\_

Telephone no. \_\_\_\_\_ Facsimile no. \_\_\_\_\_ Email \_\_\_\_\_

If employed, state employer's business or trade \_\_\_\_\_

Yes No

1 Are you the owner of the vehicle? [ ] [ ]

2 Is the vehicle solely owned by you?  
If no, give names of other person(s) \_\_\_\_\_ [ ] [ ]

Is the vehicle subject to a mortgage, bill of sale or lease agreement?

If yes, give name and address(es) of companies \_\_\_\_\_

### THE VEHICLE

Registration # \_\_\_\_\_ Estimated Value \_\_\_\_\_

Year of Make \_\_\_\_\_ Estimated Value of Accessories \_\_\_\_\_

Make \_\_\_\_\_ Number of Seats \_\_\_\_\_

Model \_\_\_\_\_ Chassis # \_\_\_\_\_

Cubic capacity \_\_\_\_\_ Engine # \_\_\_\_\_

Type of Body \_\_\_\_\_ Certificate of Title # \_\_\_\_\_

Motor Vehicle Registry # \_\_\_\_\_

4 Is the vehicle a a) Franchise Dealer import b) Japanese Domestic import c) Other

5 Is the vehicle in a roadworthy condition? Yes No  
[ ] [ ] If 'no' explain why

6 Has the vehicle been modified in any way? [ ] [ ] If 'yes' give details

7 Will the vehicle be parked at night in a  
[ ] private residence [ ] guarded compound [ ] unguarded compound [ ] public road

8 Tick cover required :

Comprehensive [ ] Third Party Fire & Theft [ ] Third Party Only [ ]

9 State fully the purpose for which the vehicle will be used

If used for the cartage of goods :-

What is the general nature \_\_\_\_\_

Do you undertake cartage for other persons Yes [ ] No [ ]

10 Will you be the main driver? Yes [ ] No [ ]

11 Do you have a Jamaican driver's licence? Yes [ ] No [ ]

If yes, state type and date of original issue \_\_\_\_\_

If no, state country, type and date of original issue \_\_\_\_\_

12 Do you reside permanently in Jamaica? Yes [ ] No [ ]

13 Is any person likely to drive the vehicle who: Yes No

a) Is below 24 years or over 70 years of age? [ ] [ ]

b) Has a drivers' licence for less than 24 months? [ ] [ ]

14 Are you willing to restrict the driving of the vehicle to 2 named drivers in return for a premium reduction? Yes [ ] No [ ]

If the answers to 13 and 14 are yes, please provide details on Driver Application Form

15 Will anyone to your knowledge be using the vehicle to learn to drive? Yes [ ] No [ ]

16 Have you or any authorized driver, in connection with any motor vehicle owned or driven Yes No

a) suffered from defective vision, defective hearing, heart disease, epilepsy, diabetes or other physical or mental illness? [ ] [ ]

b) been convicted, fined or ticketed for any traffic offences, prosecuted or have any prosecution(s) pending in the last 3 years [ ] [ ]

c) had any accidents/claims/losses during the last 3 years? [ ] [ ]

If the answer to any of the above is yes, give details: \_\_\_\_\_

17. If you are at present insured or were once insured with respect to ownership/operation of other vehicles, please state:

a. Name of Insurance Company

b. Period of Insurance

c. Reason for leaving

18. Are you earning a no claim bonus from your previous insurance company? Yes [ ] No [ ]

If yes, state amount earned and attach proof

19. Has any insurance company ever declined, cancelled, or refused to renew your policy or required an increased premium or imposed special conditions Yes [ ] No [ ]

If yes give details \_\_\_\_\_

20. Do you have any other vehicle(s) insured with this Company \_\_\_\_\_

If yes give details

21. Give type of policy for any other class of insurance with this Company \_\_\_\_\_

### DECLARATIONS

I declare to my knowledge and belief that the answers and particulars given in this proposal whether by me or **on my behalf** are true and complete, and that I have not withheld any material information. I agree that this proposal, driver application (if any) and declaration shall be the basis of my contract with British Caribbean Insurance Company Limited, whose policy terms and conditions I accept.

I also declare that I have read and understood the information contained on the fact sheet received by me. I hereby authorize the Commissioner of Police or his representative or the Manager of the Central Motor Vehicle Registry or his representative to release any or all information, that may be required by British Caribbean Insurance Company Limited, pertaining to me, my authorized driver(s) or the vehicle(s) declared in this proposal form or in the policy document which constitutes the contract.

Commencement date \_\_\_\_\_ of \_\_\_\_\_ 20\_\_\_\_

Proposer's signature \_\_\_\_\_ Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Completed for Proposer by \_\_\_\_\_  
Name Printed Signature

**LIABILITY DOES NOT COMMENCE UNTIL AN OFFICIAL COVER NOTE HAS BEEN ISSUED**