



An affiliate of VICTORIA MUTUAL

BRITISH CARIBBEAN INSURANCE COMPANY LIMITED

36 Duke Street, Kingston, Jamaica
Tel: (876) 922-1260, (876) 618-2242; Fax: (876) 922-4475

MOTOR VEHICLE PROPOSAL FORM

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 [X] as appropriate

IMPORTANT NOTICE

All the information given below must be true, complete and correct. You are under a duty to disclose all material information whether the information is asked for or not. Material information is information that might influence our decision to insure you and if so on what terms and conditions. Your duty to make full and frank disclosure occurs (1) at the time of proposing for insurance, (2) during the currency of the policy, if there are any changes or variation in the information given and (3) at each renewal. Failure to disclose all material information will entitle BCIC to avoid your policy in which case you will not be insured and any claims made will not be paid.

THE PROPOSER:

(A copy of the Certificate of Incorporation is required for all Companies and Partnerships).

- 1. Proposer's Name in Full
2. Date of Birth: dd/mm/yy Place of Birth Nationality TRN
3. Home Address (Not P.O. Box):
4. Business Address:
5. Mailing address (If different from above)
6. Telephone #: Home Work Cell Fax
7. Email: Personal Work
8. ID Information: Type [ ] Passport [ ] Driver's Licence [ ] Voter's ID Number Expiry Date dd/mm/yy
9. Occupation/ Profession/ Business/ Trade/ Industry
10. Employment Status: [ ] Employed [ ] Unemployed [ ] Student [ ] Self Employed [ ] Retired
11. Business/ Work Address:

DETAILS OF COVER REQUIRED

- Type of Policy: The Max (Private Car) [ ] Commercial [ ]
12. Type of Policy cover required: [ ] Comprehensive [ ] Third Party Fire & Theft [ ] Third Party only
13. Period of Insurance: Start date: dd/mm/yy End date: dd/mm/yy

14. Do you require increased limits in respect of the following benefits / cover for an additional Premium: YES [ ] NO [ ]

BENEFITS	STANDARD BENEFITS	OPTIONAL BENEFITS/MAXIMUM
Legal Defence cost for Manslaughter	\$500,000	Up to \$ 1,000,000
Wrecker Fee	\$ 50,000	Up to \$ 100,000

**Increased Limits required**

[ ] Wrecker Fees \$ \_\_\_\_\_ [ ] Manslaughter \$ \_\_\_\_\_

LIABILITY FOR	STANDARD LIMIT	OPTIONAL LIMITS	
		I	II
Bodily Injury - Any one person	\$5,000,000	\$5,000,000	\$10,000,000
Bodily Injury - Any one accident	\$5,000,000	\$10,000,000	\$10,000,000
Property Damage	\$5,000,000	\$5,000,000	\$10,000,000

**Option required:** [ ] Option I [ ] Option II

**VEHICLE TYPE, CONDITION & USE:**

**Please submit copies of current motor vehicle documents and most recent valuation with this Form**

15. Make \_\_\_\_\_ 16. Model: \_\_\_\_\_

17. Registration #. \_\_\_\_\_ 18. Chassis #: \_\_\_\_\_

19. Year of Manufacture: \_\_\_\_\_ 20. Cubic Capacity/Tonnage \_\_\_\_\_

21. No. of Seats \_\_\_\_\_ 22. Body Type \_\_\_\_\_

23. Transmission: [ ] automatic [ ] semi-automatic [ ] standard/manual

24. Engine # \_\_\_\_\_

25. Estimated value of the vehicle: \$ \_\_\_\_\_ Accessories \$ \_\_\_\_\_

26. Use of vehicle: [ ] Social, domestic & pleasure [ ] Business/professional (e.g., sales) [ ] Carriage of own goods  
[ ] Carriage of goods for Hire/ reward [ ] Carriage of passengers for reward [ ] Other \_\_\_\_\_

27. Vehicle type: [ ] Franchise Dealer [ ] Japanese Domestic [ ] USA Import [ ] Other

28.. Is the vehicle the subject of a Duty Concession Yes [ ] No [ ]

29. Is the vehicle fitted with a radio or any other special accessories? \_\_\_\_\_  
If so, are they to be specifically insured? \_\_\_\_\_ If so, give values \_\_\_\_\_ make \_\_\_\_\_ model # \_\_\_\_\_  
Serial # \_\_\_\_\_

30. Has the vehicle been or will be, modified or adapted from the Manufacturers Specification to give improved performance in any way? Yes [ ] No [ ] If 'Yes' give details: \_\_\_\_\_

\_\_\_\_\_

31. Is there any Anti-Theft Device attached to the vehicle? **Yes** [ ] **No** [ ] If 'Yes' describe \_\_\_\_\_  
\_\_\_\_\_

32. Type of Road Licence: [ ] Private Carrier [ ] Public Carrier [ ] Contract Carriage [ ] Stage Carriage

33. Where **will** the vehicle be parked at nights:  
[ ] private residence [ ] guarded compound [ ] underground compound [ ] public roadway/sidewalk

**VEHICLE OWNERSHIP:**

34. Are you the sole owner of the vehicle? **Yes** [ ] **No** [ ] **If 'No', state other owners' names**  
\_\_\_\_\_

35. Is the vehicle subject to a Bill of Sale or Lease Agreement? **Yes** [ ] **No** [ ]

If 'Yes', give name(s) and address(es) of Lender(s) \_\_\_\_\_

If 'No', state how vehicle was acquired [ ] Salary [ ] Spouse [ ] Parents [ ] Other \_\_\_\_\_

**DRIVER INFORMATION Please submit copy of Driver's Licence (front and reverse side) with this Form**

36. Do you have a Jamaican Driver's Licence? **Yes** [ ] **No** [ ] If 'No', state country \_\_\_\_\_

37. Driver's Licence No \_\_\_\_\_ Date of first Licence \_\_\_\_\_

	<b>dd/mm/yy</b>	<b>dd/mm/yy</b>
38. Licence type/class	[ ] Private	Licenced to drive _____
	[ ] General	Licenced to drive _____
	[ ] Motor Cycle	

39. Current Licence issue date \_\_\_\_\_ Expiry date \_\_\_\_\_

40. State amount of time spent driving in Jamaica within the last twelve (12) months \_\_\_\_\_  
\_\_\_\_\_ **dd/mm/yy**

41. Will you be the main Driver? **Yes** [ ] **No** [ ] **If 'No' then the word 'you' in questions 42-43 refers to the main driver.**

42. Have you been convicted, fined or ticketed for any traffic offence(s), prosecuted or have any prosecution (s) pending in the last 3 years? **Yes** [ ] **No** [ ] If 'Yes', give details: \_\_\_\_\_  
\_\_\_\_\_

43. Have you had any motor accident/ claim in the past three years involving this or any other motor vehicle owned or driven by you or owned by you but driven by any other person. **Yes** [ ] **No** [ ] If 'Yes', give details: \_\_\_\_\_  
\_\_\_\_\_

44. Will anyone to your knowledge be using the motor vehicle to learn to drive? **Yes** [ ] **No** [ ]

45. Do you or any other person likely to drive the motor vehicle suffer from defective vision, defective hearing, epilepsy, diabetes or any physical disability or mental illness? **Yes** [ ] **No** [ ] If 'Yes', give details: \_\_\_\_\_  
\_\_\_\_\_

**46. OTHER DRIVERS' DETAIL (Persons likely to drive this vehicle)**

Are you willing to restrict driving to yourself and two (2) other named drivers in return for a premium reduction?

Yes [ ] No [ ]

Name	Years Driving	Occupation	Date of Birth	Age	Full Licence Number	Date issue	Type	Relationship to Proposer
<b>Restricted Driving:</b>								
<b>Open Driving - particulars of persons likely to drive:</b>								

**CLAIMS / POLICY HISTORY AND DISCOUNTS**

47. If you are presently 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 \_\_\_\_\_

48. Are you earning a No Claim Discount from your previous insurance company? Yes [ ] No [ ]  
 If 'Yes', state amount earned ..... (***provide proof i.e. original letter from insurance company if it will be transferred to this policy.***)

49. Has any insurance company ever declined, cancelled, refused to renew your policy, required an increased premium or imposed special conditions? Yes [ ] No [ ]  
 If 'Yes', give details: \_\_\_\_\_

50. Do you have any other vehicle (s) insured with this Company? Yes [ ] No [ ]  
 If 'Yes', give details: \_\_\_\_\_

51. State any other policy/policies of insurance with this Company \_\_\_\_\_

## UNDERSTANDINGS

1. At the time of loss, claim settlement will be based on the then CURRENT MARKET VALUE or the SUM INSURED, whichever is less, and the policy Excess must be paid by the policyholder(s), where applicable.
2. Unless otherwise agreed, cover will exclude driving by anyone holding a licence for less than one (1) year, or under 21, or over 75 years of age.
3. The policy will not operate in respect of claims arising while the vehicle is being driven or is for the purpose of being driven by any person other than the drivers or category of driver(s) specified, unless otherwise agreed and an additional premium has been paid for OPEN DRIVING and/or other terms (including Excess) agreed.
4. The policy is voidable if false statements are given or information withheld for the purpose of obtaining insurance cover, reducing premium or any other reason.
5. No cover will be provided under the terms of this policy if the motor vehicle specified above is at any time during the currency of the policy used for any purpose other than the permitted use?
6. In the event of a claim arising under the policy, all outstanding premium due thereunder shall become immediately payable by me/us.

## CONSENT

I/We hereby acknowledge that Insurance Companies from time to time share information about their policyholders and their insurance transactions with other insurance companies, the Police, The Island Traffic Authority and other such entities in Jamaica, and in this regard I/We hereby consent to the Insurer sharing related information about my/our insurance transactions.

## DECLARATIONS

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

I/We hereby authorize the Commissioner of Police or his representative, 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/us, my authorized driver(s) or the vehicle(s) declared in this proposal form or in the policy document which constitutes the contract.

Proposer's signature \_\_\_\_\_

Position \_\_\_\_\_

**Company's Seal/Stamp (If applicable)**

Dated this \_\_\_\_\_ day of \_\_\_\_\_

Completed for Proposer by \_\_\_\_\_

**(Print Name)**

**(Signature)**

***The liability of the Company does not commence until this proposal has been accepted by the Company and the premium paid; except as provided by an official Cover Note or Certificate of Insurance issued by an authorized Officer of or on behalf of the Company.***