

# The Guyana and Trinidad Mutual Fire Insurance Company Limited



## HEAD OFFICE

27-29 Robb & Hincks Streets, Georgetown, Guyana

### PRIVATE MOTOR COMPREHENSIVE INSURANCE PROPOSAL FORM

Please answer all questions. Please write in BLOCK LETTERS and Tick (✓) the correct answer boxes.

#### GENERAL INFORMATION

##### 1. Particulars of Proposer(s)

a) Full name of Proposer(s)

\_\_\_\_\_  
\_\_\_\_\_

b) Date of Birth (mm/dd/yy)

\_\_\_\_\_  
\_\_\_\_\_

c) Home Address

\_\_\_\_\_  
\_\_\_\_\_

d) Mailing Address(if differs from home)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

e) Email Address

\_\_\_\_\_

f) Contact Number(s)

(i) Home \_\_\_\_\_

(ii) Work \_\_\_\_\_

(iii) Mobile \_\_\_\_\_

g) Profession or Occupation

\_\_\_\_\_

h) Identification Number

\_\_\_\_\_  
Please provide copy or proof of Identification

i) Name of Employer

\_\_\_\_\_  
\_\_\_\_\_

j) Address of Employer

\_\_\_\_\_  
\_\_\_\_\_

2. Do you have any other Insurance with the Company?

Yes  No

If 'Yes', please state

\_\_\_\_\_  
\_\_\_\_\_

3. Particulars of your driver's licence:

a) Number \_\_\_\_\_

b) Class of Licence \_\_\_\_\_

c) Issue Date \_\_\_\_\_

d) Expiry Date \_\_\_\_\_

Please provide copy of driver's licence.

e) Has your driver's licence ever been suspended or endorsed?  Yes  No

If 'Yes', please state reason

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

f) How long have you been driving the vehicle continuously?

Year(s) \_\_\_\_\_ Month(s) \_\_\_\_\_

g) Will anyone who is under the age of 21 and/or driving less than 12 months drive the vehicle?  Yes  No

If 'Yes', please give details:

- i) Driver's Name \_\_\_\_\_
- ii) Date of Birth \_\_\_\_\_
- iii) Date of Issue \_\_\_\_\_
- iv) Class(es) \_\_\_\_\_
- v) Prior Accident(s)  Yes  No  
If 'Yes', please give details:  
\_\_\_\_\_  
\_\_\_\_\_

**4. Please provide details of previous Motor Insurance(s) held by you.**

- a) Name of Insurance Company \_\_\_\_\_  
\_\_\_\_\_
- b) No Claim Discount \_\_\_\_\_  
Please attach the original notice or No Claim Letter from previous Insurer.

**5. Have you or any person who will drive:**

- a) Suffer from defective vision or hearing from any physical or mental infirmity?  Yes  No
- b) Been convicted of any offence?  Yes  No
- c) Ever had insurance cancelled/declined/refunded/not renewed  Yes  No
- d) Required to pay increased premium or had special conditions imposed.  Yes  No
- e) Had a motor vehicle accident during the last 3 years.  Yes  No

If 'Yes', please provide details  
\_\_\_\_\_  
\_\_\_\_\_

**6. Particulars of Vehicle to be Insured:**

- a) Registration Number \_\_\_\_\_
- b) Year of Manufacture \_\_\_\_\_
- c) Chassis Number \_\_\_\_\_
- d) Engine Number \_\_\_\_\_

- e) Make \_\_\_\_\_
- f) Model \_\_\_\_\_
- g) Type of Body \_\_\_\_\_
- h) CC or HP Rating \_\_\_\_\_
- i) Number of Doors \_\_\_\_\_
- j) Seat Capacity \_\_\_\_\_
- k) Date of Purchase (mm/dd/yy) \_\_\_\_\_
- l) Price paid by Proposer \_\_\_\_\_
- m) Purchase price incl. accessories \$ \_\_\_\_\_
- n) Value to be Insured \$ \_\_\_\_\_
- o) Right or Left hand drive \_\_\_\_\_
- p) Was the Vehicle purchased?

- New  Reconditioned  Second Hand

If Second Hand, please give name and address of previous owner \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. Is the Vehicle:**

- a) In good state of repair?  Yes  No
- b) Owned solely by you?  Yes  No
- c) Registered in your name?  Yes  No

If 'No'; ( 1 ) please give full details  
\_\_\_\_\_  
\_\_\_\_\_

- (2) Was? Agreement of Sale provided   
Import document provided

- d) The subject of a Hire Purchase or lien Agreement?  Yes  No

If 'Yes', please give full details  
\_\_\_\_\_  
\_\_\_\_\_



I/We the undersigned hereby agree that I would maintain a record of all information relating to the driver's licence for persons whom I/we have authorised to drive my/our vehicle. Also, I/we would make copies of the original licence for my/our reference as well as the Company in event that the vehicle is involved in an accident and the driver cannot be contacted

**DECLARATION - TO BE READ AND SIGNED BY EVERY PROPOSER**

**NB:** Please read the following declaration very carefully, and read again the questions and answers especially if not completed in your own hand, before signing the form.

- 1) I/We declare to the best of my/our knowledge and belief:-
  - (a) the above answers are true
  - (b) all material particulars affecting the assessment of the risk have been disclosed
  - (c) the vehicle(s) is/are in a sound and road worthy condition
- 2) I/We agree to advise the Company of any material changes effected to the vehicle as declared on this application.
- 3) I/We agree that this proposal and declaration shall be the basis of the contract between me/us and the Insurers and shall be deemed to be incorporated in such contract.
- 4) I/We undertake that the vehicle(s) to be insured shall not be driven by any person who to the best of my/our knowledge has been refused any motor vehicle insurance or continuance thereof.

Signature of Proposer(s) \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Period of Insurance (mm/dd/yy) \_\_\_\_\_ to \_\_\_\_\_

Policy Number \_\_\_\_\_

Branch/Broker/Insurance Advisor \_\_\_\_\_

**PREMIUM CALCULATION**

Value \_\_\_\_\_

Rate \_\_\_\_\_

**Less** Discounts \_\_\_\_\_

**Plus** Loadings \_\_\_\_\_

**Total Premium** \_\_\_\_\_

**Underwriter** \_\_\_\_\_

**Date Approved** \_\_\_\_\_