## 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. P	articulars of Proposer(s)		
a)	Full name of Proposer(s)	j) -	Address of Employer
b	Date of Birth (mm/dd/yy)	2.	. Do you have any other Insurance with the Company? Yes N
c)	Home Address	-	
ď	Mailing Address(if differs from home)	<b>3.</b>	a) Number
		_	b) Class of Licence
		-	c) Issue Dated) Expiry Date
e	Email Address	-	Please provide copy of driver's licence.  e) Has your driver's licence ever been suspended or endorsed? Yes
f)	Contact Number(s) (i) Home		If 'Yes', please state reason
	(ii) Work	_	
	(iii) Mobile	_	
g)	Profession or Occupation	_	f) How long have you been driving the vehicle continuously?
h)	Identification Number		Year(s)Month(s)
i)	Please provide copy or proof of Identification  Name of Employer	-	g) Will anyone who is under the age of 21 and/or driving less than 12 months drive the vehicle? Yes N

i)	Dri	ver's Name			e)	Make
	ii)	Date of Birth			f)	Model
	iii)				<i>a)</i>	
		Class(es) Prior Accident(s)	Yes		g)	Type of Body
	v)	If 'Yes', please give details:	res	∐ No	h)	CC or HP Rating
					i)	Number of Doors
					j)	Seat Capacity
4.		ase provide details of previo	us Motor In	surance(s)	k)	Date of Purchase (mm/dd/yy)
	IICI				I)	Price paid by Proposer
	a)	Name of Insurance Company	<u> </u>		m)	Purchase price incl. accessories \$
					n)	Value to be Insured \$
	b)	No Claim Discount		12:00 1 244 0	o)	Right or Left hand drive
		Please attach the original no from previous Insurer.	tice or No C	iaim Letter	p)	Was the Vehicle purchased?
5.	Hav	ve you or any person who wil	ll drive:			☐ New ☐ Reconditioned ☐ Second Hand
	a)	Suffer from defective vision				If Second Hand, please give name and address of
		or hearing from any physical or mental infirmity?	Yes	☐ No		previous owner
	b)	Been convicted of any offence?	□ Vee	□ Na		
			Yes	☐ No		
	c)	Ever had insurance cancelled declined/refunded/not	1/			
		renewed	Yes	☐ No	7.	Is the Vehicle:
	d)	Required to pay increased			a)	In good state of repair? Yes No
	•	premium or had special conditions imposed.	□ Vos	□ No	b)	Owned solely by you? Yes No
		·	Yes	NO	c)	Registered in your name? Yes No
	e)	Had a motor vehicle accident during the last 3 years.	t Ses	□No	,	If 'No'; (1) please give full details
		If 'Yes', please provide detail.				ii No, (1) picase give full details
						(2) Was? Agreement of Sale provided
6.	Par	ticulars of Vehicle to be Insu	red:			Import document provided
	a)	Registration Number			d)	The subject of a Hire Purchase or lien Agreement?
	b)	Year of Manufacture				Yes No
	c)	Chassis Number				If 'Yes', please give full details
	d)	Engine Number				

B. Has the En	Has the Engine or Body been modified or altered to increase performance? Yes No									
If 'Yes', ple	ase give full	details								
. Where wil	l the vehicle	be kept	at nights							
.0. Has the Ve	hicle ever b	een invo	lved in an accide	ent or written o	off?		Ye	s [	No	
1. Will the Ve	ehicle be dri	ven by?								
Propos	ser only	Pro	poser and Name	ed authorised li	censed dri	ver(s)				
Propos	ser and any a	authorise	ed licensed drive	r						
Please pro	vide details i	in respec	t of other persor	n(s) who will like	ely drive th	ne vehicle	::			
Name		Age	Occupation	Addre	ss	Class o		Licence No.	Date of Acciden in the last 3 year	
Date of Claim/Loss	Date of Vehicle		Details of Accident/Loss			e (3) yea nt Paid Damage	Amount Paid Third Party		Driver at the Time of Accident/Loss	
.3. Is the Prop	ooser entitle	d to join	?							
·	Medical Profe	•			Yes		☐ No	ı		
.4. Limits of L	iability						_			
The standa	ard Third Par	ty Limits	of Liability unde	r this Policy are	:					
Any One A Any One Y		\$500,0 \$1,500,0								
Do you red	quire higher l	limits?	Yes	s No	)					
If 'Yes', ple	ase select or	ne of the	following:							
	ne Accident: ne Year:		1,000,000 2,000,000	(2)		One Accio One Year		\$1,500 \$3,000		
Additio	onal Premiu	m is Š	7,500		Addi	tional Pr	emiu	m is \$16,2	50 🗆	

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
Policy Number	dd/yy) to Advisor
PREMIUM CALCULA Value Rate	<u>ION</u>
Less Discounts	
Plus Loadings	Underwriter
Total Premium	Date Approved

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