



## PRIVATE MOTOR INSURANCE PROPOSAL FORM

All questions must be fully answered. Please write in **BLOCK LETTERS** and circle correct answers.

### GENERAL DETAILS

**1 Date insurance required from:**

Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

**2. Full names of proposer(s)/Company:**

State: Mr, Mrs, Miss, Ms or other title. If Company state full legal name

i) \_\_\_\_\_  
ii) \_\_\_\_\_

**3. Date of Birth:**

i) Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_  
ii) Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

**4. Full Postal Address:**

i) \_\_\_\_\_  
ii) \_\_\_\_\_

**5. Telephone Numbers/Contact Details:**

i) (W) \_\_\_\_\_ (H) \_\_\_\_\_  
(M) \_\_\_\_\_ (EMAIL) \_\_\_\_\_  
ii) (W) \_\_\_\_\_ (H) \_\_\_\_\_  
(M) \_\_\_\_\_ (EMAIL) \_\_\_\_\_

**6. Profession or Occupation/Business or Trade of Company:**

i) \_\_\_\_\_  
ii) \_\_\_\_\_



**7. Name and Address of Current Employer:**

- i) \_\_\_\_\_  
ii) \_\_\_\_\_

8. i) Driver's Licence No: \_\_\_\_\_ Date of Issue \_\_\_\_\_ Class \_\_\_\_\_  
ii) Driver's Licence No: \_\_\_\_\_ Date of Issue \_\_\_\_\_ Class \_\_\_\_\_

**9. Will the vehicle(s) be used:**

- a) Solely for private social and domestic purposes or travelling to and from your normal place of Business? Yes No

If No, please give details \_\_\_\_\_

- b) In connection with The Motor Trade? Yes No

- c) For racing, pacemaking, speedtesting or the carriage of passengers for hire or reward? Yes No

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

**10. Will the vehicle(s) be driven by anyone:**

- i) Who is under the age of 25 years and driving for less than two years? Yes No  
ii) Who is over the age of 65 Years? Yes No

**11. Have you or any other person who will drive:**

- a) Been declined Motor Insurance or had a Motor Policy cancelled or special terms imposed? Yes No  
b) Been convicted of any offence in connection with the driving of any motor vehicle or received notice of prosecution pending within the last 3 years? Yes No  
c) Suffer from defective vision or from any physical disability or infirmity? Yes No

If 'Yes' to any please give details \_\_\_\_\_

**12. Details of previous Motor Insurance held by you or anyone who will drive.:**

- a. Name of Insurance Company: \_\_\_\_\_  
b. No Claims Discount held by this Insurer: Yes No  
c. If Yes, state percentage: \_\_\_\_\_



**VEHICLE(S) DETAILS**

**13. Give particulars of vehicle(s) to be insured:**

**VEHICLE (i)**

**VEHICLE (ii)**

Date of Purchase:	_____	_____
Registration Number:	_____	_____
Year of Manufacture:	_____	_____
Make & Model:	_____	_____
Horse Power/Cubic Capacity:	_____	_____
Engine Number:	_____	_____
Chassis Number:	_____	_____
Seating Capacity:	_____	_____
Number of Doors:	_____	_____
Type of Body:	_____	_____
Purchase Price		
including Accessories:	_____	_____
Value to be Insured:	_____	_____
Turbocharged/ Supercharged:	Yes                  No	Yes                  No

**14. Is the vehicle:**

a.	Left Hand drive	Yes	No
b.	Has the vehicle been modified in any way or fitted with oversized tyres or a high performance engine or equipment?	Yes	No

If Yes, give details \_\_\_\_\_

c.	In good condition and repair and will it be kept so?	Yes	No
d.	New or Second Hand? Please state which is applicable: _____		
e.	Registered in your name?	Yes	No
f.	Subject to a Hire Purchase or Mortgagee Agreement?	Yes	No

If Yes, please state name and Address of Financial Company \_\_\_\_\_

**15. Has the vehicle ever been involved in an accident or 'write-off?'          Yes          No**

If yes, please give details \_\_\_\_\_



**16. Address where motor vehicle(s) will be kept:**

- i) \_\_\_\_\_
- ii) \_\_\_\_\_

**17. COVERAGE**

**Please state the type of Cover required**

COMPREHENSIVE

THIRD PARTY

**Excesses which apply to Comprehensive cover**

Compulsory \_\_\_\_\_  
Young and Inexperienced Driver \_\_\_\_\_  
Non Declared Driver \_\_\_\_\_

**18. Give details in respect of All persons who will drive your vehicle(s):**

NAME	DATE OF BIRTH	OCCUPATION	DRIVING EXPERIENCE	CLASS & NO. Of LICENCE	EXPIRY DATE

**19. ACCIDENT/CLAIMS HISTORY**

Give details of ALL Accidents and losses relating to any vehicle(s) driven by you or anyone who will drive:

DATE OF ACCIDENT	REG. NO. OF VEHICLE	BRIEF DETAILS OF ACCIDENT	CLAIMS COST PAID/OUTSTANDING	NAME OF INSURANCE COMPANY



I/We warrant the statements and particulars given in this Proposal which I/We have read over and checked are true, and that the motor vehicle(s) referred to is/are in good condition and repair. I/We desire to effect an insurance with Brydens Insurance on the terms, conditions and exceptions of the Policy to be issued by the Company. I/We agree that this Proposal shall form the basis of the Contract between me/us and the Company, and shall be deemed as incorporated in the policy to be issued.

**Proposer's Signature(s):** ..... **Date:** .....  
 ..... **Date:** .....

**THE LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THIS PROPOSAL IS ACCEPTED AND THE PREMIUM PAID**

<b>FOR OFFICIAL USE ONLY</b>	
<b>PREMIUM CALCULATION</b>	AGENT/BROKER: _____
	AUTHORISED & CHECKED BY: _____
	POLICY NUMBER: _____
	DOCUMENTS SEEN: _____

**GUIDELINES ON DOCUMENTATION THAT MAY BE REQUIRED**

1. Roadworthy Certificate (for vehicles over 5 years old)
2. If No Claims Discount requested, proof of No Claims Record
3. Proof of Ownership
4. Copies of Driver's Licence(s) for all persons named who will drive the vehicle(s)