



PRIVATE MOTOR PROPOSAL FORM

1) SURNAME _____ FIRST NAME (S) : Mr. /Mrs./Dr _____
 DATE OF BIRTH: _____ OCCUPATION: _____
 ID NUMBER: _____ E-MAIL ADDRESS: _____
 TELEPHONE: HOME _____ WORK _____ CELL _____
 POSTAL ADDRESS: _____ RESIDENTIAL ADDRESS: _____

BANK DETAILS: _____ BANK ACCOUNT NO. _____

PERIOD OF INSURANCE From : _____ To: _____

2) **DETAILS OF PROPOSER**

- a) Are you fully licensed for this class of vehicle _____
- b) Date when licensed _____
- c) Have you ever been denied or have insurance policy cancelled _____
- d) If yes to the above , state the reason _____
- e) Name of previous insurer _____
- f) State any loss suffered for the past 3years and their monetary value _____

3) **VEHICLE (S) DETAILS**

	Make/Model	Engine & Chassis No:	Year of make	Reg No:	Type of cover	Value To be insured(incl.accessories)
1						
.						
2						
.						
3						
.						
4						
.						

NB: Value to be insured should represent current market value.

Make of audio equipment: _____ Market value to be insured (audio equipment): _____

4. What is the vehicle used for _____

DECLARATION:

I/We hereby declare that the above particulars and statements are true, correct and complete and contain all information known to me/us affecting the risk to be insured, and that this and any other written statement made by me/us or on my/our behalf for the purpose of insurance shall be the basis of and incorporated in the contract between me/us and TiB Insurance Brokers (hereinafter called the Company) shall be promissory

I/We further agree to accept insurance on terms and conditions set forth in the Company's policy, and particularly undertake to notify the company immediately of any alteration in the risk. We further agree that liability shall attach to the Company from the date of receipt of the premium payment.

Date: _____ Proposer's Signature: _____

WARNING: INSURANCE FRAUD IS A CRIME