SIERRA LEONE INSURANCE COMPANY

(INCORPORATED IN SIERRA LEONE)

PRIVATE VEHICLE PROPOSAL FORM

Phone No………………………………………………………………………………….Policy No………………………………………………………...PF NO………………………………………….

PLEASE ENSURE THAT YOU GIVE A FULL POSTAL ADDRESS IN THIS PROPOSAL FORM.

It is essential that every questions should be answered fully. Ticks and dashes are not sufficient

* Full Name of the Proposal……………………………………………………………………………………..........................

Private Address…………………………………………………………………………………………………………………………….

Business Profession………………………………………………………………………………………………………………………

Business Address…………………………………………………………………………………………………………………………..

* Particulars of Cars to be Insured Engine No…………………………………………………………………………………..

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Make of the vehicle | Year of Manufacture | Cubic Capacity | Index Mark and Registration Number | Type of Body and Seating Capacity Including Driver | Date of Purchase | Whether New or Second- hand state price paid by proposer | Proposer’s Estimate of approximate present value including accessories |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

* Is the Car present in a thorough state of repair? ………………..Is it a Sports Model or Supercharged? ........................................................
* Will the car be driven by proposal? ................................ If so state (a) your age ………………………………………………………………………………….

(b) How long have you held a driving license? ………………………(c) when did you pass your driving test? ....................................................

 5. Will the car be regularly driven by any other person? If so state who will drive …………………………………………………………………………………….

 (a) Age of driver or drivers …………………………………… (b) How long they have held driving license? ….…………………………..............................

 © When did they pass their driving test? ………………………………………………………………………………………………………………………………………...

* To the best of your knowledge and belief do you or does any person who to your knowledge will drive, suffer from defective vision or hearing or from any physical infirmity? …………………………………………………………………………………………………………………………………………..
* (a) Are u the owner of the car and is it registered in your name? ………………………………………………………………………………………………………..

(b) If not state the name and address of owners, and the name of the person in whose name the car is registered …………………………..

© Is a Hire purchase company or any other Company or Corporation interested in the Motor car? …………………… If yes, give the name and address …………………………………………………………………………………………………………………………………………………………………………………………..

* (a) Have you or has any other person who to your knowledge will drive, been convicted during the past five years of any offence in connection with any Motor Vehicle………………………………………………… (b) If yes, please give full particulars……………………………………………
* (a) Will the car be used for social domestic and pleasure purposes and in connection with your business? ............................................

(b) If the motor have a private type body has it been adapted for any use in connection with the motor trade? ………………………………….

© Particulars be carried for hire or reward, or will the motor car be let on hire?......................................................................................

 Note: This insurance did not cover use of the car in connection with the motor trade a separate proposal form will be supplied on request

* Are you now or have you been insured in respect of any Motor Vehicle? If so, please state name and address of Company or underwriter…………………………………………………………………………………………………………………………………………………………………………………………. .
* Has any company or underwriter ever – (a) Declined your proposal …………………………………………………………………………………………………….

(b) Required you to carry the first portion of any loss …………. (c) Required an increased premium or imposed condition? .....................

 12. Has any other person who will regularly drive the car had any Motor insurance declined or had special terms or condition

 ……………………………………………………………………………………………………………………………………………………………………………………………………………

* How many accidents or losses have arisen during the last three years of actual driving in connection with this or any other Motor Vehicle owned or driven by you or by any other person who will regularly drive the car?.........................................................................

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| year | Total No. of Motor Vehicle(s) owned by proposer | Total No. of Accident | Claims by the public for personal Injury or damage to property | Damage of Motor Vehicle | Other Losses |
| 20 |  |  | No | PaidLe | OutstandingLe | No | PaidLe | OutstandingLe | No | PaidLe | OutstandingLe |
| 20 |  |  |  | Le | Le |  | Le | Le |  | Le  | Le |
| 20 |  |  |  | Le | Le |  | Le | Le |  | Le | Le |

* Do you wish to cover under the workman’s Compensation Ordinance in respect of a paid driver?
* Are you entitle to a “No Claim Bonus “from your previous Insurer in respect of any of the cars described in this proposal?

If so, please state renewal notices.

* State types of insurance required notice
* Comprehensive (b) Third Party Liability only (c) Ordinance Liability only

 I/We warrant that the above statements and particulars are true and I/we have not suppressed or misstated any material facts. I/we undertake that the Car or Cars to be insured shall not be driven by person who to my/our any knowledge has been refused any motor Vehicle insurance or continuance thereof and I/we hereby agree that this declaration shall be held to be promissory and shall from the basis of the contract between me/us and SIERRA LEONE INSURAANCE COMPANY and I we are willing to accept a policy subject to the terms. Exceptions and conditions prescribed therein, and to pay the premium thereon.

DATED THIS……………………………………DAY OF………………………………………………20…………..

AGENCY……………………………………………………………………………………SIGNATURE OF PROPOSER……………………………………

 No acknowledge of any premium or deposit is valid unless upon the printed form of the Company