H Savy Insurance Co Ltd

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Motor Vehicle Insurance

Proposal form

IMPORTANT NOTICE

You should fully and faithfully give all the facts you know or ought to know otherwise you may receive nothing from the Policy

Insurance Cover is operative after formal acceptance of this Proposal in writing by the Company and premium paid accordingly unless otherwise agreed and subject to all other terms and conditions as stipulated have been fully complied with.

Please use BLOCK CAPITALS and tick where appropriate

Proposer

Title (Mr, Mrs, Miss, etc):	Surname:
Names:	

If Proposer is an individual, please complete the following	
• How long have you been driving a motor vehicle?	
• Type of Licence:	• Date of Expiry:

The Vehicle

Make and exact Model of Vehicle(s):	Engine Capacity (Horsepower/cubic capacity):
Registration Number:	Year of Make:
Seating Capacity:	Date of Purchase:
Purchase Price:	Estimate of Present Value:
Cost when new (if known):	Value of Trailer (if any):

Has the engine(s) of the above vehicle(s) been specially adapted to increase performance?	Yes		No	
Full particulars of purposes for which vehicle will be used				
• Will passengers be carried for hire or reward?	Yes		No	
• Will the Vehicle(s) be let on hire?	Yes		No	
• Will the Vehicle(s) be used at any time for tuition	Yes		No	
State where Vehicle(s) is/are usually parked?				
If more than one Vehicle is to be insured, state how many are garaged in the same building:				
Are you the owner of the vehicle(s) and is it/are they registered in your name:				
If not, state name and address of owner:				
Do any Person or Firm hold Financial interest in the Vehicle?	Yes		No	
If Yes, please state Name and Address of Person or Firm:				

Discounts

Have you any other insurance policies with our Company?	Yes		No	
If Yes, please state type of insurance:				

Have you been insured in respect of any Motor Vehicle?			Yes		No		
If so, please state Name of Insurers:							
What was the type of cover afforded?	Comprehensive		Third Party Fire & Theft		Third Party only		
Are you entitled to a No Claim Discount?			Yes		No		
If Yes, produce Renewal Notice or other proof of entitlement							
Has any Company or Underwriter at any time							
• Ever declined your proposal?			Yes		No		
• Required an increased Premium or Special Conditions?			Yes		No		
• Cancelled or refused to renew your Motor Vehicle Insurance?			Yes		No		

State ALL accidents and claims which have occurred during the PAST FIVE years in connection with Motor Vehicle(s) owned and/or driven by you or (if you are not going to drive) by the person who will drive regularly.

YEAR	TOTAL NO. OF VEHICLE(S) OWNED	TOTAL NO. OF ACCIDENTS	AMOUNT OF CLAIMS (state whether paid or outstanding)

Additional rebates are allowed if:

Proposer has more than one vehicle insured with the Company.	Yes		No	
Under a Comprehensive policy Proposer bears a VOLUNTARY EXCESS for each and every claim in respect of accidental damage to own vehicle in addition to the normal COMPULSORY EXCESS imposed	Yes		No	
If Yes, State amount of Voluntary Excess required. Sey. SCR				

Driver

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?	Yes		No	
Please give details.				
Do you, or any other person who to your knowledge will drive suffer from defective vision or hearing or from any physical infirmity?	Yes		No	

Give the following details of every person who to your knowledge will drive the proposed vehicle(s) fairly regularly.

NAME OF DRIVER(S)	AGE	OCCUPATION	DRIVING EXPERIENCE

Cover and Use

Particulars of insurance required	Comprehensive		Third Party Fire & Theft		Third Party only		
Do you require extra benefits(applicable only for Comprehensive cover)	Yes		No				
Windscreen		Please indicate limit required					
Personal Accident to the Driver (Death, Permanent Disability only) SCR.200.00 for a limit of SCR.250,000.00 per person. (Applicable for car hire only).							
Personal Effects(Limited to SCR.2,500.00 but subject to an Excess of SCR.250.00 for each and every claim)							
Loss of Use	Additional premium SCR.500.00 limited to SCR.5,000.00		Additional premium SCR.800.00 limited to SCR.8,000.00				
	Additional premium SCR.1,000.00 limited to SCR.12,000.00		Additional premium SCR1,200.00 limited to SCR.15,000.00				
Double platinum cover SCR.15,000.00 for first year only, SCR.8,000.00 for the second year and SCR.3,000.00 for consecutive years.							

Signing this form dose not bind the Proposer to complete the insurance, but it is agreed that this form shall be the basic of the contract should a policy be issued. (A copy of the Policy may be provided on request)

Declaration

I/We desire insurance as above and hereby declare all the statements made and particulars given in this Proposal Form to be true, that the vehicle(s) described is/are in good condition, that I/We have not withheld any material information and that I/We agree that this declaration shall be the basis of the contract between me/us and H SAVY INSURANCE COMPANY LTD

I hereby authorize a representative of H Savy Insurance Company Ltd to complete the proposal form on my behalf. I certify that I have read the contents of this form and that all entries made are both truthful and accurate to the best of my knowledge. ***Please tick the box if applicable*** ☐

Signature: **Date:**

Disclaimer: Without prejudice where this policy proposal is completed by a representative of H Savy Insurance. H Savy Insurance have the right to cancel this policy if the proposer is not deemed to be of sound mind at the time this policy proposal form was completed.

Admin use only

Proof of identity **(Passport, National ID card, Driving License)**	☐	Proof of address (issued in the last 3 months)	☐
Legible copy of original	☐	Copy of original	☐
Details manually entered in SLAMS	☐	Details manually entered in SLAMS	☐
Copy labelled and attached in SLAMS	☐	Copy labelled and attached in SLAMS	☐