

Live in a better State of mind

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Proposal for Private Motor Vehicle Insurance

			PLEAS	SE GI	VE DEF	INITE A	NSWE	R TO EA	CH QUE	SHC	JN				
L.												. Sex			
	AddressPhonePhone.														
	Registered Letters and Number	Model	Type of Bo		C.C.	Year of Manufac		Seating Cap. Include. Driver	Date Purc	of	Paid Price	1			
	Engine Numbe	er								C	hassis Nu	mber			
i.	a) Was this vehicle bought new, second hand or reconditioned ?														
	b) Has the engine or body modified from the Manufacturer's														
	standards specifications ,									b) YesNo					
	Any such alterations contemplated? If so give details														
	c) Is the vehicle			c)											
١.	a) Will the vehic domestic and				l,			•				No			
	b) Solely by you				siness?			b)	b)						
	c) On your busin	ness by yo	our employ	ees or	other p			c)	c)						
	d) For the carriage of goods, samples in connection with your								d)						
	trade or profession? e) For commercial traveling connected with your trade or														
	profession?														
	f) In connection				reward?	,		,	g)						
	g) For any other use, please describe.														
5.	a) Are you the sole owner of the vehicle described above?								a) Yes No						
	b) Is it registered in your name?c) If not, give name and address of owner in whose name the								b) Yes No						
	vehicle is reg		1441633 01 0	wiici	111 11110.	se marrie e	110								
	d) Is the vehicle subject of a hire purchase agreement?								d) Yes No						
	e) If so, give na	me and a	ddress of B	ank o	r Financ	e Compar	ıy	e)		•••••					
5.	. Have you during the past thirty –six calendar month been Prosecuted or convicted of any offence in connection with Motor vehicle or is any such prosecution pending? Give details														
·.	Are you now or have you been insured in respect of any Motor Vehicle? If so, give name and address of company.														
							•••••			• • • • • •					
		as any company or underwriter at any time: eclined a motor proposal from the proposer?) Yes		No				
	Required you a pay the first part of any loss or Imposed special conditions							b) Yes			No			
٠١								C) Yes		1	No			
	Required an increase premium? Refuse to renew or cancelled a motor policy held by proposer?						C	d) Yes No							
).	If vehicle is being used or driven by members of your family or household or Directors or Partners or others including employees give full details below														
	NAME		Age	Wher	first Lic to Drive		Occi	ıpation	Relati prop		I	per of Accidents during the past 3 years			
	1.														
	2.														
	3.														
	4.														

10. Accident History												
Year	Number of vehicles owned by	Own Dama	•	ns	Third Party	Claims pai	d Claims	Pending				
	Proposer	Proposer	Othe	rs	Proposer	Others	Proposer	Others				
				1								
	any other pers n any physical				•••••		•••••					
	nearing? If so, g											
	ntitled to any n ious Insurer? (<i>i</i>			Yes No								
	ype of cover red	quired		a) Comprehensive b) Including" Acts of God"								
•	,			(hurricane. Earthquake, Tidal Wave, Volcanic Eruption, Flood) d) Third Party and Windshield damage Protection								
14. Period of I	14. Period of Insurance: From											
proposal. I / W suppressed, n	I / We desire to insure with State Insurance Company Limited the Motor Vehicle(s) described in the above proposal. I / We hereby warrant that the above statement and particulars are true and I / We have not suppressed, misrepresented o concealed any information materially affecting the risk and I / we state that this proposal shall form part of the policy and shall be the basis of the Contract between me/ us and the Company											
	I/ We further declare that I/ We have read and understood all particulars entered herein and agree to accept the policy of insurance in the Company's usual form subject to the following clauses and warranties.											
I/ We further declare and agree that the motor vehicle/s to be insured shall not be driven by any person who to my/ our knowledge has been refused any motor vehicle insurance or continuation thereof .												
FOR COMPRE	FOR COMPREHENSIVE POLICY ONLY											
2. And if at the a. The b. He												
	Additional Excess of \$ in respect of each and every accident will apply besides the Compulsory Excess.											
Voluntary	excess (in add	ition to the ab	ove) \$	• • • • • • • •	where applic	cable)						
Dated this	Dated this day of 20											
	AGENCY Signature of Proposer											
	FOR OFFICE USE ONLY											
BASIC Premium	\$_			_ [NOTES							
Loading (1)	% \$			C	CERTIFICATE No	o:						
ADDITIONAL PREM	• -			_ [F	POLICY No							
	νιι υ ινι			- [ī	TYPE OF COVER							
Sub-total	\$_				RECEIPT No DATE							
AD&D	\$_			- <u> </u> E	ENDORSEMENT	S:						
Less N.C.B	% \$_			_								
NET PREMIUM	\$_			-								