



STATE INSURANCE
COMPANY LIMITED

Live in a better State of mind
Redcliffe Street, P.O. Box 290, St. John’s, Antigua. W.I.
(268) 481-7800/1/2/3/4 • info@siclfinancial.com • siclfinancial.com

PROPOSAL FOR PRIVATE MOTOR VEHICLE INSURANCE

PLEASE FIVE DEFINITE ANSWER TO EACH QUESTION

1. NAME IN FULL(PLEASE PRINT).....
ADDRESS..... TELEPHONE.....
OCCUPATION/ PROFESSION..... AGE

PARTICULARS OF VEHICLES TO BE INSURED

REGISTERED LETTERSAND NUMBER	ENGINE NUMBER CHASSIS NUMBER	MAKE	TYPE OF BODY	H.P. C.C.	YEAR OF MANUFACTURE	SEATING CAP. INC DRIVER	DATE OF PURCH.	PAID PRICE	PROPOSER’S ESTIMATE OF PRESENT VALUE INCLUDE. ACCESSORIES
1.									
2.									
3.									

2. Indicate Cover required (thick appropriate box) Comprehensive Third Party

3.

(a) Was this vehicle bought new, second hand or reconditioned ? (a)

(b) Has the engine or body modified from the Manufacturer’s standards specifications or is such alteration contemplated? If so give details (b)
.....

(c) Is the vehicle in good state of repair? (c)

4.

(a) Will the vehicle be used solely for social, domestic and pleasure purposes ?	Yes	No
(b) Solely by you for your profession or business?	(b)	
(c) On your business by your employees or other persons?	(c)	
(d) For the carriage of goods, samples in connection with your trade, hire or reward?	(d)	
(e) For commercial traveling connected with your trade or profession	(e)	
(f) In connection with motor trade, hire or reward?	(f)	
(g) For any other use, please describe.	(g)	

5.

(a) Are you the sole owner of the vehicle described above? Is it registered in your name? (a)

(b) If not, give name and address of owner in whose name the vehicle is registered. (b)

(c) Is the vehicle subject of a hire purchase agreement? (c)

(d) If so, give name and address of finance company (d)

6.

(a) Where do you normally keep the vehicle at night?	(a) in a locked garage open yard	under the house any other place
(b) Is the vehicle fitted with any burglar prevention device?	(b) burglar alarm ignition lock	steering lock other devices
(c) What accessories are fitted to the vehicle	(c) radio air conditioner	tape deck any other
(d) Give individual value of each	(d) radio \$ aircondiitoner \$	tape deck \$

7. If vehicle is to driven by any person other than the Proposer ? If so, please give full details: Yes No

DRIVERS	NAME	AGE	OCCUPATION	HOW MANY YEARS HAVE YOU BEEN	TYPE OF LICENSE	WHEN FIRST LICENSED TO DRIVE	THE LICENSE IN FORCE NOW?
Proposer							
Wife							
Paid Driver (s)							
Others							

9. Have you during the past sixty calendar months been prosecuted or convicted of any offence in connection with Motor vehicle or is any such prosecution pending? Give details:

10. (a) Are you now or have you been insured in respect of any motor vehicle? if so, give name and address with Policy Number of Company.

a.

OTHER DRIVERS

Yes

No

Yes

No

(b) Has any insurance company decline your proposal?

b.

(c) Required you to carry the first part of any loss?

c. YesNoYesNo

(d) Required you to pay increased premium?

d. YesNoYesNo

(e) Refused renewal of policy?

e. YesNoYesNo

(f) Cancelled your policy?

f. YesNoYesNo

11. Give particulars of all accidents and losses during the past thirty-six months in connection with your vehicle/s owned, used or hired by you.

YEAR	TOTAL No. OF VEHICLES OWNED	TOTAL Nos. OF ACCIDENTS	Damages To Motor Vehicles Owned By Proposer				THIRD PARTY CLAIMS					
			PAID		OUTSTANDING		PAID			OUTSTANDING		
							No.	AMT		No.	AMT	
			No.	AMOUNT	No.	AMOUNT		P.D.	P.I.		P.D.	P.I.
19												
19												
19												

12. Give particulars of all accidents and losses during the past thirty –six months in which additional driver/s referred to in 8 (overleaf) has / have been involved.

NAME/S	YEAR	TOTAL Nos. OF ACCIDENTS	Damages To Motor Vehicles Owned By Proposer				THIRD PARTY CLAIMS					
			PAID		OUTSTANDING		PAID			OUTSTANDING		
							No.	AMT		No.	AMT	
			No.	AMOUNT	No.	AMOUNT		P.D.	P.I.		P.D.	P.I.

If the vehicle to be insured is for commercial purposes, please answer the following supplementary questions:
If used for carriage of goods:-

(a) What is the general nature?

a.

(b) Will the vehicle be used to carry goods of hazardous nature, specify

b.

(c) Has the vehicle been altered or modified to carry heavier load than the manufacturer’s specifications?

c.

(d) Will a trailer or trailers attached be used to carry extra goods?

d.

(e) Will the vehicle be used for carriage of goods for hire or reward?

e.

13. If used for carrying passengers:-

(a) Are the passengers carried for hired or reward?

(b) Is the vehicle used as public transport?

a.

b.

14. Will the vehicle be driven solely by you? If not, state total number of employees/ others licensed to drive?

15. Total number of vehicles owned by you.

16. Do you or any other licensed to drive suffer from any physical infirmity, defective vision or hearing?

17. Are you entitled to any no claim discount from your previous insurers?
(Attach last renewal notice)

18. Period of insurance required From To