



Live in a better State of mind

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Proposal for Private Motor Vehicle Insurance

PLEASE GIVE DEFINITE ANSWER TO EACH QUESTION

1. Name in Full(Please Print).....Age Sex
Address.....
Occupation/ ProfessionPhone.....

Registered Letters and Number	Model	Type of Body	C.C.	Year of Manufacture	Seating Cap. Include. Driver	Date of Purch.	Paid Price	Proposer's Estimate of Present value Include. Accessories

2. Engine Number Chassis Number

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 , b) Yes No.....
Any such alterations contemplated? If so give details
c) Is the vehicle in good state of repair? c)

4. a) Will the vehicle be used solely for social, domestic and pleasure purposes? a) 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 or profession? 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? a) Yes No.....
b) Is it registered in your name? b) Yes No
c) If not, give name and address of owner in whose name the vehicle is registered. c).....
d) Is the vehicle subject of a hire purchase agreement? d) Yes No.....
e) If so, give name and address of Bank or Finance Company e).....

6. 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
.....

7. Are you now or have you been insured in respect of any Motor Vehicle? Yes..... No.....
If so, give name and address of company.

8. Has any company or underwriter at any time: a) Yes No
a) Declined a motor proposal from the proposer? b) Yes No
b) Required you a pay the first part of any loss or Imposed special conditions c) Yes No
c) Required an increase premium? d) Yes No
d) Refuse to renew or cancelled a motor policy held by proposer?

9. 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	When first Licensed to Drive	Occupation	Relation to proposer	Number of Accidents during the past 3 years
1.					
2.					
3.					
4.					

