

Motor Comprehensive Insurance

Proposal form



Completing the Proposal form

1. This proposal must be fully complete including all the required documents
2. It is a duty of proposer to disclose all the material facts, if it would influence the judgement of a prudent insurer.
3. Insurance is based on utmost good faith and in the absence of such good faith, Solarelle may treat your policy as if it never existed if the misrepresentation or your non-compliance with your duty of disclosure was fraudulent.
4. Solarelle assure for the Personal or Sensitive Information/s that we collect are secured from the proposer is secured. Without such Information Solarelle may not be able to process your application, administer your policy or assess your claims.
5. Solarelle may obtain Information from government offices and third parties to assess a claim in the event of loss or damage.

Personal Information

Name of the Proposer: _____

Address: _____ Postal Code: _____

ID/Passport No: _____ Company registration No: _____

Telephone: _____ Fax: _____ Email: _____

Nature of Business: _____

Occupation and nature of duties: _____

Including any part time occupation

Name of the Mortgagee: _____

If assigned to other interested parties

Contact Name: _____

Position: _____

Mobile No: _____

Email: _____

Subject Matter:

Particulars of Vehicle(s) to be insured

	Vehicle #1	Vehicle #2	Vehicle #3
Type of Vehicle: (Please attached the Registry copy)	_____	_____	_____
Registration No:	_____	_____	_____
Engine No:	_____	_____	_____
Chassis No. / VIN No:	_____	_____	_____
Make:	_____	_____	_____
Model:	_____	_____	_____
Year of Manufacture:	_____	_____	_____
H.P or C.C	_____	_____	_____
Carrying or Seat Capacity	_____	_____	_____
Date of the last overhaul and nature	_____	_____	_____
Use of the Vehicle	_____	_____	_____

Cover required:

Period of Insurance: From _____ To: _____

Select your cover

Comprehensive

Third Party

Value to be insured

Date of Purchase: _____

Value to be insured: _____

Present Market value of Vehicle: _____

(Including Accessories & Spare Parts)

General Information:

Ownership of vehicle(s)

(a) Are you the sole owner of the vehicle(s) to be insured, and are they registered in your name? Yes No

If 'No' please state particulars of ownership and registration. _____

(b) Are any of the vehicles being financed by a Hire Purchase Agreement or other type of contract? Yes No

If 'Yes' state name and address of finance company. _____

Any other persons (s) other than the proposer will drive the vehicle Yes No

Have you got the license to drive the class vehicles Yes No
If YES, for how long? _____

Has your Driver's Licence ever been Suspended or Endorsed? Yes No

If used for Carriage of goods

(a) What is their general nature? _____

(b) Do you undertake cartage for other persons? Yes No

(c) Has the Vehicle been altered or adapted to carry a load heavier than that stated in the Maker's published specification. Yes No

If used for Carrying Passengers

(a) Are the Passengers carried for hire or reward? Yes No

(b) Is the Vehicle used for public service? Yes No

Expiry date of existing cover (If any): _____

Name of the Previous Insurer (If any): _____

Detail of the Previous Owner(s) of the Vessel, Name and Registry No (If any):

Have you ever had a loss before?

Yes No

If YES, please give particulars:

How many times a year is the bait hauled ashore for maintenance?

Are there any Insurance on the same property in force with this or other Insurance?

If YES, state the amounts and the names of the Companies:

Yes No

Has the insurance now proposed or any other insurance proposed by you been Declined, Cancelled or Increased your premiums on renewal by any Insurance Company:

Yes No

***Any changes to the manufacturer standard model after the date of this application must be notified to the Company**

Please enclose with this Proposal a Registry copy, Id card copy, Licence and any additional information to the vessel and operation which you feel may be useful to the Company in assessing the risk

Declaration

I/We authorise Solarelle Insurance Private Limited to collect or disclose any personal information relating to this insurance to/from any other insurers or insurance reference service.

I/We declare that I/we have read and understood the duty of disclosure, non-disclosure and policy conditions contained herein and confirm that no information has been withheld which could affect the acceptance of this application.

(No insurance cover is provided until the above proposal is accepted and details of cover are confirmed in writing by Solarelle Insurance Private Limited)

Name of proposer: _____

Date: _____ Signature of proposer

Company Stamp