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MOTOR INSURANCE PROPOSAL FORM

CUSTOMER INFORMATION

NAME: _____

TITLE: _____ MARITAL STATUS: _____ DATE OF BIRTH: _____
(DD/MM/YYYY)

Dr. Mr. Single Married

Ms. Mrs. Widowed Divorced

PLACE OF BIRTH: _____

TRN: _____

CONTACT PERSON (other than Proposer): _____ CONTACT NUMBER: _____

ADDRESS: _____

MAILING ADDRESS (If different): _____

TELEPHONE NUMBER: (Landline) _____ (Cell) _____ E-MAIL: _____

MOTHER'S MAIDEN NAME: _____

EMPLOYMENT STATUS: Employed Self-Employed Student Retired Unemployed

NAME OF EMPLOYER/ TYPE OF BUSINESS: _____

OCCUPATION: _____

ADDRESS OF EMPLOYER/ BUSINESS: _____

TELEPHONE NUMBER: _____

SOURCE OF FUNDS FOR PAYMENT OF PREMIUM: _____

If a company or partnership, please state: Date of Incorporation/Registration _____ Country of Incorporation: _____

Do you or any member of your immediate family, close associate, company directors or shareholders currently hold or previously held a prominent public office? Yes No

If yes, please provide names below:

Name: _____ Position: _____ Address: _____

Name: _____ Position: _____ Address: _____

Examples of immediate family: parents, spouse - including common-law, children - including stepchildren or adopted children, siblings and in-laws, as well as 'close associates' (i.e. individuals who are closely connected to a PEP, either socially or professionally.)

Examples of prominent public office are: Head of State/Government; member of any House of Parliament; Minister of Government; official of any political party; Permanent Secretary, Chief Technical Director or Chief Officer in charge of Ministry, Department of Government, Executive Agency or Statutory Body; Judiciary; Military - above rank of Captain; Police Assistant Commissioner and above; a Director or Chief Executive of any company in which the Government owns a controlling interest: an individual who holds/held a Senior Management position in an international organization.

Kindly provide names of two (2) references below:

NAME	ADDRESS	CONTACT NUMBER

COVERAGE DETAILS

Select the type of coverage required:

- COMPREHENSIVE - Covers loss or damage to your vehicle and liability to Third Parties for Death, Bodily Injury and Damage to their property.
- THIRD PARTY FIRE & THEFT - Covers loss or damage to your vehicle resulting from fire or theft and liability to Third Parties for Death, Bodily Injury and Damage to their property.
- THIRD PARTY - Covers liability to Third Parties for Death, Bodily Injury and Damage to their property.

PARTICULARS OF VEHICLE TO BE INSURED

Registration Number	Year	Make & Model	Chassis Number	Type of Body	C.C/ H.P Rating	Seating	Sum Insured

(You are required to ensure that the 'SUM INSURED' stated above reflects current market value. If at the time of loss it is assessed that the sum insured is less than market value, the claim will be settled based on the sum insured.)

Has the vehicle been modified or converted from the makers' standard specification or do you intend to do so? Yes No

If yes, state: _____

VEHICLE OWNERSHIP, CONTROL, CUSTODY AND CONDITION

1. Do you own the vehicle(s)? Yes No

2. Do you have a loan on the vehicle? Yes No

If yes, state: NAME OF LENDER _____

ADDRESS _____

3. Will you have complete custody/control of the vehicle? Yes No

If no, provide details: NAME _____

ADDRESS _____

OCCUPATION _____

4. Is/Are the vehicle(s) roadworthy and in good condition? Yes No

If no, provide details: _____

5. Where will the vehicle be parked at nights? Sidewalk/Pathway Carport Gated Community Locked Garage

6. Do you own another motor vehicle? Yes No

7. Are you now insured or have been previously insured in respect of any other vehicle(s)? Yes No

If yes, state the period of insurance and the name of the Insurance Company: _____

VEHICLE USE

8. Will you be the main driver of the vehicle?

Yes No

9. What will the motor vehicle be used for:

i) Social, domestic and pleasure purposes including transit to and from work

Yes No

If yes, you hereby warrant and declare that the said vehicle will be used only for social, domestic and pleasure purposes in connection with your personal business and that under no circumstance will the vehicle be used for business purpose, hire, reward or in the taxi trade.

ii) Business and Professional purposes

Yes No

iii) Commercial Purposes

Yes No

a) carriage of own goods

Yes No

b) carriage of goods for hire or reward

Yes No

10. Do you accept that this policy will only provide cover for the permitted use of the motor vehicle specified above? Yes No

DRIVERS' INFORMATION

11. Will driving be open or restricted?

Open Restricted

12. Will any driver of the vehicle be the holder of a driver's licence for less than 1 year (private cars) or 2 years (commercial vehicles)? Yes No

13. Will anyone driving your vehicle be under the age of 21 years (private cars) or 25 years (commercial vehicles) or older than 70 years? Yes No

Please provide details of all persons likely to drive the motor vehicle (This should include drivers with a licence less than 1 year (private cars), 2 years (commercial vehicles) and under 21 years of age (private cars), 25 years of age (commercial vehicles) or older than 70):

Full Names	Occupation	Age Date of Birth	Driver's Licence No.	Age of Licence Original Date of Issue	Relationship to Proposer
Main Driver (If different from proposer)					
Other(s)					

14. Have you or any regular driver(s) had any accident(s) or losses during the past three (3) years? Yes No

15. Have you owned any vehicle that has been involved in an accident, whether you were the driver or not? Yes No

If yes to questions 14 &/or 15, please provide details in the table below

Date of Accident	Cost (Paid or Estimated)	Driver	Brief details of Accidents, Incidents or losses

16. To the best of your knowledge, have you, or any person who will drive, suffered from:

i) Defective vision or hearing (e.g cataracts, hearing aid, etc)

Yes No

ii) Diabetes, Epilepsy, complaints of the heart or any other disease

Yes No

iii) Any other physical or mental infirmity

Yes No

If yes, give details: _____

17. To the best of your knowledge, has any named driver had an insurer decline an application, refuse renewal or cancel cover? Yes No

If yes, give details: _____

PERSONAL ACCIDENT BENEFICIARIES

If the policy includes Personal Accident Benefits, kindly indicate the names of your beneficiaries in the event of death:

Name	Age	Split (%)	Relation	Address	Contact No.

UNDERSTANDINGS

I/We am/are aware and agree:

1. At the time of loss, claim settlement will be based on the CURRENT MARKET VALUE or the SUM INSURED, whichever is less, and that the policy excess must be paid by the policyholder(s) where applicable.
2. Unless otherwise agreed, the cover will exclude:
 - *Private Cars - drivers under 21 years of age or older than 70 years and/or holding a driver's licence for less than 1 year
 - *Private Commercial Vehicles - drivers under 25 years of age or older than 65 years and/or holding a driver's licence for less than 2 years
 - *Public Commercial Vehicles - drivers under 25 years of age or older than 65 years and/or holding a driver's licence for less than 3 years
3. The policy will not operate in respect of claims arising while the vehicle is being driven or is for the purpose of being driven by the person other than the driver(s) specified, unless otherwise agreed and an additional premium has been paid for OPEN DRIVING and/or other terms (including excess) agreed.
4. That the policy is voidable if false statements are given or information withheld for the purpose of obtaining insurance cover, reducing premium or any other reason.
5. That in the event of a claim arising under the policy, all outstanding premium due thereunder shall become immediately payable by me/us.
6. That should the vehicle be the subject of an accident, General Accident Insurance Company (Ja) Ltd reserves the right to settle Cash in Lieu as a result of the unavailability of motor vehicle parts.
7. That in the event of an accident, I/We am/are not entitled to abandon the Salvage of the vehicle(s) insured. This applies regardless of the method of settlement of my/our claim whether or not General Accident Insurance Company (Ja) Ltd has possession of the vehicle.

CONSENT

I/We hereby acknowledge that Insurance companies from time to time share information about their policyholders and their insurance transaction with other insurance companies, the Police, the Island Traffic Authority and other such entities in Jamaica, and in this regard I/We hereby consent to the Insurer sharing related information about my insurance transactions.

DECLARATION

I/We the undersigned, do hereby declare and warrant that the above answers and particulars which I/we have read over and checked are true, that we have not suppressed or misstated any material fact and that the vehicle(s) above referred to is/are roadworthy, in good condition and repair and undertake that the vehicle(s) to be insured shall not be driven by any person who to my/our knowledge has been refused motor vehicle insurance or continuance thereof. I/We desire to effect an insurance with the insurer in the terms, conditions and exceptions of the policy to be issued by the Insurer. I/We agree that this proposal and declaration form(s) completed by other driver(s) shall form the basis of the contract between me/us and the Insurer, and shall be deemed as incorporated in the policy to be issued. I/We further declare and agree that if the above answers and particulars have been filled in by any person other than me/us, such person shall be deemed to be my/our agent for this purpose.

I have read, understood and accepted the UNDERSTANDINGS, CONSENT and DECLARATION as stated above and that any breach thereto renders the Insurance cover void from inception.

SIGNATURE: _____
PROPOSER

DATE

PROPOSER

DATE