



THE NEW INDIA ASSURANCE CO. (T & T) LIMITED

The India Assurance Building

P.O Box 884, 6 A Victoria Avenue, Port of Spain, Trinidad and Tobago, W.I

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MOTOR INSURANCE PROPOSAL FORM

PLEASE ANSWER ALL QUESTIONS FULLY; WHERE QUESTIONS DO NOT APPLY, PLEASE INSERT 'N/A'

PROPOSER INFORMATION (Photo Identification and Proof of Address if Proposer is an individual)

AGENT/BROKER CODE		POLICY NO.	
1. Full Name :			
2. Date of Birth :		3. Place of Birth	
4. Nationality			
5. Gender : M ☐ F ☐		6. Marital Status	
7. Home Address :		8. Mailing Address (if different) :	
9. Name & Place of Employment :		10. Email Address :	
11. Home Phone # :		12. Mobile # :	
13. Work Phone # :			
14. Type of ID :		15. ID Number	
16. ID Expiry Date :			
17. Occupation/Type of Business :			
18. Are you a politically exposed person or relative thereof		Yes	No
		If Yes, give details :	

Note : A political exposed person is one who has been entrusted with prominent public functions locally or in a foreign country, for example a Head of State or a of Government, Senior Politicians, Senior Government, Judicial or Military officials, Senior Executives of State Owned Corporations, Political party officials. This category includes immediate family members, and close person and professional associates.

PROPOSER INFORMATION (If proposer is an Entity)

1. Name of the Company/Partnership/Association				
2. Address of Registered Office :			3. Trading Address :	
4. Mailing Address :			5. Nature of Business Activities :	
6. Name of Contact Person/Authorized Signatory for the Entity :				
7. Contact Email Address :			8. Contact Phone number :	
9. Name and Addresses of Shareholder(s) with 10% or more shareholding :				
Name	Capacity	DP/ID/PP # (attach copy)	Expiry date	Country of issue
10. Names and Addresses of Directors :				
Name	Capacity	DP/ID/PP # (attach copy)	Expiry date	Country of issue
11. Attach copies of (tick relevant boxes)				

Certificate of incorporation		Article of incorporation	
Partnership Agreement		Other documents of formation/registration	
Annual return (filed within the past 12 months)		VAT Certificate if VAT registered	

SOURCE OF FUNDS/WEALTH	
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For new clients, where the annual premium exceeds \$ 50,000 please attach one of the following:

Management Accounts		Other form of proof of source of funds		Not applicable	(Specify)
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VEHICLE DETAILS (Copies of Vehicle Documents are required)

1. Make/ Model					
2. Mortgagee					
3. Reg #:			4. Year of Manufacture :		
5. Cover	Comprehensive		Third party		Third party fire & theft
6. Sum Insured			7. Risk date;		
8. Body Type :		9. Colour:		10.L or R Hand Drive:	
11. Where Parked: Garage ☐ Open ☐		12. Chassis #:		13. Engine #:	
14. Laden Weight:					
15. New, second hand or foreign used :					
16 Has the vehicle been or will it be modified or adapted from the Manufacturer's Specification to give improved performance?			Yes	No	If Yes, give details
17. Are any Anti-theft Devices attached?			Yes	No	If Yes, give details
18. Are you earning No Claim Discount?		Yes	No	If Yes, please provide proof from your previous Insurer.	
19. Indicate if you require any add on cover on payment of additional premium					
Courtesy car	Yes	No	Agreed Value		Yes No
Depreciation waiver	Yes	No	NCD protection		Yes No
Windscreen	yes	no	Limit		
Special perils	Yes	No	For private cars it is inbuilt cover.		

VEHICLE USE

1. Will the vehicle be used	Yes	No	If Yes to any of these questions, please provide details
a) Solely for private, social & domestic purpose & for the policyholder's business			
b) Carrying of goods: Own ☐ General Cartage ☐			
c) Carrying of passengers			
d) For Rental purposes			
e) Carriage of goods like Explosives, Bulk Liquid Petroleum Gas, Chemicals, Chemicals and Gasses in liquid, compressed or gaseous form, or any other potentially hazardous goods.			
f) In Airport side areas.			
2. If the vehicle is to be insured as a Special Type (e.g Tractor, Agricultural Machine, Backhoe, etc.) will its use be restricted to the proposer's own premises? If No. Please provide details :			

VEHICLE OWNERSHIP/MORTGAGEE

1. Are you the sole owner of the vehicle?	Yes	No	If No, Please provide particulars of other Owner (s)
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2. Is the Vehicle registered in your name only?	Yes	No	If No, Please provide particulars of other Owner (s)
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AUTHORISED DRIVERS' DETAILS

1.Name	D.O.B/Age	Relationship to proposer	Occupation	Yr of driving	Licence No.	First dt of issue	Type

2. Has the proposer or any person who to the proposer's knowledge will drive	yes	No	If yes, providedetails
a) Suffered or is suffering from defective vision or hearing or from any physical infirmity?			
b) been prosecuted for any traffic offences in past 3 years?			

NB : The following will be required :

- a) Medical Certificate to confirm your ability to drive if you have an impairment or physical disability
- b) Engineer's report if the vehicle has been modified to suit your infirmity or disability

3. In respect of this vehicle or any other driven by you or any of the proposed drivers, had any loss, damage or liability arisen when Insured or not in the past five (5) years?			Yes	No	If Yes, give particulars
Year	Total No. Of vehicles owned by proposer	Total No. Of Accidents & Losses	Brief details of accidents and loss i.e name of driver, date of loss and amount etc.		

4. Will anyone be driving who is/has	Yes	No	If Yes, please provide details
a) a provisional licence			
b) less than 25 years old or over 65 years old			
c) The appropriate licence but for less than 2 years			

5. Has any Insurer ever	Yes	No	If Yes, please provide details
a) Refused your insurance			
b) Imposed an increased excess or special terms			
c) Refused to renew or cancelled your insurance			

I/We hereby declare that all the above statements and particulars are true and I/We further declare that if any of such particulars and answers are not in my/our writing the person or persons filling in such particulars and answers shall be deemed to be my/our agent for that purpose. I/We further understand that the Vehicle referred to above is/are in good condition and undertake that the Vehicle to be insured shall not be driven by any person who to my/our knowledge has been refused any motor vehicle insurance or continuance thereof.

I/We hereby agree that this proposal and declaration shall be the basis of and be considered as incorporated in the policy to be issued hereunder which is in the ordinary form used by THE NEW INDIA ASSURANCE CO. (T&T) LTD for this class of insurance and which I/We agree to accept.

I/We further declare that I/we am/are willing to accept the Company's policy subject to the following clauses and warranties.

1. Compulsory Excess: Each and every claim arising out of one accident \$.....
2. Excess of \$..... if at the time of accident:
 - a) The person driving the vehicle is under 25 years; or
 - b) Holds a provisional license; or
 - c) Holds a license but has been driving for less than (2) years.
3. Excess of \$..... in case of drivers unspecified in the proposal form.
4. Excess of \$..... in case of Fire, Burglary or Theft.

I/We hereby acknowledge that the THE NEW INDIA ASSURANCE CO. (T & T) LTD shares with other insurance companies, the Police and other such entities from time to time, information about its policyholders and their insurance transactions and I/We hereby consent to THE NEW INDIA ASSURANCE CO. (T&T) LTD sharing such information about my/our insurance transactions.

DATE _____ PROPOSER'S SIGNATURE _____

Premium Calculations to be completed by salespersons of respective Agency/Brokers and in case of Direct client by Branch officials	FOR OFFICIAL USE ONLY
Basic Comprehensive	Agreed by
Fire and Theft	Underwriter Name
Third Party	Signature
Loading	Remark :
No Claim Discount	
Other Discount	
Special Discount	
Net Premium	
Less Commission	
Net to Company	

Underwriting Checklist

Documents	Received	Awaited	Remarks
Certified copy of vehicle			
Copy of DP/ID/IP			
Utility Bill			
Evidence of Source of funds			
No Claim Discount proof			
Vehicle Inspection report			
Other additional documents			

Broker/ Agent / Salesperson / Branch offered:

Dated: