



GK GENERAL INSURANCE COMPANY LIMITED

NEW KINGSTON
Knutsford Boulevard

LIGUANEA
Sovereign Ctr.

DOWNTOWN
Duke Street

MANDEVILLE
Midway Mall

MONTEGO BAY
Fairview Shopping Ctr.

PORTMORE
Portmore Town Ctr.

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PROPOSAL FOR MOTOR CYCLE INSURANCE

THE PROPOSER:

NAME IN FULL: _____

(Mr., Ms, Miss, Mrs.)

POSTAL ADDRESS: _____

Postal Code (if any) _____ TRN: _____

DATE & PLACE OF BIRTH: _____

NATIONALITY: _____ e-mail address: _____

TELEPHONE No(s): home _____ business _____ cell _____
(Provider and Number)

CONTACT PERSON:

Name, Address, Tel. No(s): _____

EMPLOYMENT:

OCCUPATION / TRADE / PROFESSION: _____

EMPLOYER'S BUSINESS: _____

EMPLOYER'S NAME and ADDRESS: _____

Address at which Employed (if different) _____

EMPLOYER'S TELEPHONE No(s) _____ FAX _____

If self employed, state nature of your self employment _____

DESCRIPTION OF MOTOR CYCLE

Registration No.	Make & Model	Year Manufactured	c.c.	V.I.N. / Chassis No.	Estimate of Value

1. COVERAGE OPTIONS:

Please check the appropriate box to indicate the cover required.

- i) Comprehensive including theft
- ii) Comprehensive excluding theft
- iii) Third Party Fire & Theft
- iv) Third Party and Fire
- v) Third Party Liability only.

2. Is the Motor Cycle used for (Please check the appropriate box to indicate the cover required.)

- a) Private Use: - Social, domestic and pleasure purposes and by you in person for your own business
- b) Business Use: - Use for your business and for social, domestic and pleasure purposes
- c) Goods Carrying: - Use for business purposes including carrying goods

3. Answer YES or NO in the box provided

- a) Does the Motor Cycle have a side-car attached?
- b) Is the Motor Cycle designed or modified to carry goods?

4. Answer YES or NO in the box provided

- a) Private Cycle: Are additional riders – maximum 2 - to be covered?
(If yes see question 5 below)
- b) Private Cycle: Is the motorcycle only used with a side-car attached?

5. Details of Insured or Principal Driver/Additional Drivers (Maximum 2)

	DETAILS	MAIN DRIVER	ADD. DRIVER (1)	ADD. DRIVER (2)
a)	Name			
b)	Occupation			
c)	Age			
d)	Relationship to Proposer			
e)	Give details of your (motor cycle) drivers licence: i) full or provisional, ii) when first obtained iii) licence Number	i) ii) iii)	i) ii) iii)	i) ii) iii)
f)	How long have you been riding motor cycles?			
g)	Are you now or have you been insured in respect of any vehicle? If so, state name of Company			
h)	Has any Insurance Company: i) declined any proposal? ii) imposed special conditions? or iii) refused to renew or cancelled a policy? If any of the above are answered 'yes', give details	i) ii) iii)	i) ii) iii)	i) ii) iii)
i)	Do you suffer from defective vision or hearing or from any physical or mental infirmity? If yes give details			
j)	Have you been convicted of a driving offence in the past 5 years or is any prosecution pending? If yes give details			

CLAIMS HISTORY:

6. What accidents or losses have occurred during the past 3 years, by you or any other person who will drive the vehicle?

Year	No. of Claims	Name of Driver (Rider) and Brief Details
20		
20		
20		

This insurance will not be in force until the proposal has been accepted. Subject thereto this insurance is to commence on _____ and to be renewable on _____

The Policy is voidable if the proposer makes any false statement or withholds any material information

I hereby authorise the Commissioner of Police or his representatives or the manager of the Central Motor Vehicle Registry or his representatives to release any and all information that may be required by Jamaica International Insurance Company pertaining to me, my authorised driver or the vehicle(s) declared in this Proposal Form or in the Policy document which together constitute the contract.

Broker /Agent

Date: _____ Proposer's Signature: _____