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PRIVATE MOTOR VEHICLE PROPOSAL FORM

ALL QUESTIONS MUST BE ANSWERED

YOUR DUTY OF DISCLOSURE

Before you enter into a contract of general insurance with an Insurer, you have a duty, under the Law to disclose to us every matter that you know, or could reasonably be expected to know, is relevant to our decision whether to accept the risk of the insurance and, if so, upon what terms. You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of insurance.

FAILURE TO DISCLOSE

We may be entitled to reduce our liability under the contract in respect of a Claim or may cancel the Policy. If your non-disclosure is fraudulent, we may also have the option of voiding the Policy from its beginning. It is therefore vital that you make sufficient enquiries BEFORE you complete the proposal form and BEFORE you sign any declaration for the information given.

PLEASE ANSWER USING YES OR NO WHERE APPLICABLE

1. THE PROPOSER:

NAME IN FULL: _____

(Mr., Ms, Miss, Mrs.)

POSTAL ADDRESS: _____

HOME ADDRESS (if different than above) _____

Postal Code (if any) _____ TRN: _____

DATE & PLACE OF BIRTH (CITY, PARISH): _____

NATIONALITY: _____ e-mail address: _____

TELEPHONE No(s): Home _____ Business _____ Cell _____
(Provider and Number)

Would you like to receive documentation / communication electronically (where applicable). YES NO

Are you a Director of any Company insured with JIIC? _____ if so, give details _____

To the best of your knowledge, are you or any close relative connected in any way to JIIC or any other member of the GraceKennedy Group? _____ if so, give details _____

Are you or an immediate relative or closely associated entrusted with a prominent public position such as that of a Senior Politician, Senior Government Official or Executive of a political party? YES NO

If yes, please explain. _____

2. CONTACT PERSON: Name, Address, Tel. No(s):

3. EMPLOYMENT:

OCCUPATION / TRADE / PROFESSION: _____

EMPLOYER'S BUSINESS: _____

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 _____

4. DRIVERS (INCLUDING PROPOSER) Please note all the persons who are most likely to drive..

NAME	Relationship to Proposer	OCCUPATION	Date of Birth	Years Driving	Full Licence: NUMBER	TYPE

- 4.1. a) Who will be the main driver of the vehicle? _____
 b) Will the motor vehicle(s) be restricted solely to the drivers named above? _____
- 4.2. Will anyone to your knowledge be using the vehicle to learn to drive? _____
- 4.3. Will anyone who is likely to drive under the age of 21? _____

If the response to questions 4.4 a) to e) below is yes, please give details in the space provided.

QUES. #	NAME	DETAILS
4.4		
4.4		
4.4		

- 4.4.a) Will anyone who is likely to drive holds a full driver’s licence that is less than 24 months? _____
- b) Will anyone who is likely to drive **not** driven for any consecutive period of 6 months or more during the past 24 months?

- c) Will anyone who is likely to drive (including yourself) suffer from defective vision, hearing, heart condition, epilepsy, diabetes or any physical or mental disability or infirmity? _____
- d) To the best of your knowledge in the past 36 months has anyone who is likely to drive i) been fined, _____ ii) had their licence endorsed / revoked, _____ iii) been prosecuted for a motoring offence? _____
- e) To your knowledge has anyone who is likely to drive had any insurance declined, cancelled or had any increased rate or special conditions imposed? _____
- 4.5. Are you aware that in the event of an accident, if the driver has not been named on the policy then an additional excess will be applicable? _____

5. CLAIMS HISTORY:

What accidents or losses have occurred during the past 36 months, by you or any other person who will likely drive the vehicle? (Including theft and windscreen)

Year	No.	NAME of DRIVER and BRIEF DETAILS

6. THE VEHICLE(S) (if more than 2, attach schedule)

Chassis No.	1)	2)
V.I.N. (if Different)	1)	2)
Engine No.	1)	2)
Reg. No.	1)	2)
Model	1)	2)
Year of manufacture	1)	2)
Seating capacity	1)	2)
Type of Body	1)	2)
Make	1)	2)
Model No.	1)	2)
c.c.	1)	2)
LHD/RHD	1)	2)
Estimate of Value	1)	2)

7. PERIOD OF INSURANCE FROM _____ TO _____

8. COVER REQUIRED: a) Comprehensive _____ b) Third Party Fire & Theft _____ c) Third Party Only _____

9. OWNERSHIP: a) Is vehicle registered in your name? _____ b) If not, give name and address of registered owner _____ c) Give name of Finance Company (Mortgagee), if any _____
iv) Does anyone other than the yourself have a financial interest in the vehicle? _____. v) If yes, please state name and contact information _____

10. SOURCE OF FUNDS (i.e. your earnings/income, e.g. wages, remittances, investments etc.) _____

11. USE OF VEHICLE / GENERAL

a) Please tick the appropriate response which best describes the intended use of the vehicle.

Use of vehicle:	Yes	No
i. Social and Domestic (including traveling to and from work) and pleasure only.		
ii. Solely by you in connection with your business.		
iii. Used by you in your employer's business.		
iv. Used by your employees in your business.		
v. Used for hire or reward or in connection with a motor trade.		
vi. Used in connection with motor racing, trails and rallies.		

b) Will the vehicle be used for commercial travel? _____. If yes, please state the type of good, if any that will be carried _____

c) Do you accept that the policy will only provide cover for the permitted use of the motor vehicle specified above? _____

d) Is the vehicle roadworthy and in good condition? _____ e) Has the vehicle been modified from the manufacturer's specifications? _____ if so give details _____ f) Do you intend to modify the vehicle? _____

g) Does the vehicle have a super charged or turbo charged or other high performance engine? _____

h) Where is the motor vehicle usually parked (a private locked garage, a carport, public road/street, driveway, the open, other)? _____ i) Are there any anti-theft devices on the vehicle such as a kill switch or alarm? _____ If so please provide details _____

j) Will you have complete custody and control of the motor vehicle? _____ If no, please state who will _____

k) Is the key electronically coded? _____ l) If the vehicle includes special accessories or fittings give details, value(s) and state if included in estimate of value _____

m) Do you have or have you had any motor insurance in the past 5 years? _____ If so, state name of Company(ies). _____

n) Has any Company refused to renew, cancelled your policy, declined your proposal, or imposed special terms or conditions? _____ o) If yes, give details _____

12. INCREASED BENEFITS

a. Do you require any of the following: i) Increased Third Party Limits (Option 1 or 2), ii) Increased Windscreen Limit, iii) Increased Personal Accident Limit, iv) Replacement Vehicle Hire (Comprehensive Policy only), v) Cover for towing (boat trailer etc.). State requirements below: _____

13. DISCOUNTS

a) Do you (or your spouse): i) Have an Home Insurance Policy with JIIC? _____ ii) Have other vehicle(s) insured with JIIC? _____

b) Are you a member of: i) Jamaica Automobile Association (JAA) _____ ii) The Insurance Institute of Jamaica (IIJ)? _____

c) Do you wish a restricted driving discount (driving restricted to proposer and 2 named drivers)? _____

f) Do you have a Vehicle Tracking Device (proof must be submitted)? _____

g) Are you earning a No Claim Discount? (if so, please provide proof for eg Claims Experience Letter) _____

14. CONTACT DETAILS OF TWO REFERENCES (Applicable to Individual Proposers; provide names, addresses and telephone numbers) _____

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

I/We warrant that the above statements made by me/us or on my/our behalf are true and complete and that nothing materially affecting the risk has been concealed by me/us. I/we undertake that the vehicle(s) to be insured:

(a) will not be driven by any person who to my/our knowledge has been refused motor vehicle insurance of continuance thereof and

(b) is or are in a road worthy condition, and will be so maintained during the currency of any policy issued by JIIC.

I/We desire to effect an insurance with JIIC in the terms, conditions and exceptions of the policy to be issued by JIIC. I/We agree that this proposal shall be incorporated in and taken as the basis of the proposed contract between me/us and JIIC.

I/We hereby authorize JIIC to share with other insurance companies, the Police and the Island Traffic Authority in Jamaica and any other such entities any and all information that may be required by those entities pertaining to me, my authorized driver(s) or the vehicle(s) declared in this Proposal Form or in the Policy document which together constitute the contract.

Date _____

Proposer's Signature _____

Broker /Agent

Liability does not commence until an official cover note or certificate has been issued. By affixing my signature to this form I confirm both my receipt and acknowledgement of the terms on this proposal form and confirm receiving my policy.