

MOTOR VEHICLE PROPOSAL FORM

 EFFECTIVE DATE:

 POLICY#:

 EXPIRY DATE:

PERSONAL DETAILS OF PROPOSER

1. Name: (Mr./Mrs./Miss) _____
 (SURNAME) (FIRST NAME) (MIDDLE NAME)
2. Address: _____ Email: _____
3. Business or Occupation: _____ Tel. No.: _____ (Required)
4. Date of Birth: _____

THE VEHICLES (S)

(If more than one, attach separate sheet)

MAKE	Type of Body	Registration Mark/No.	Year of Manufacture	Cubic Capacity	Seating Capacity	Value of Vehicle Incl. Accessories	Value of Accessories Only: GH¢												
Engine Number / Chassis Number		<table style="width: 100%; border: none;"> <tr> <td style="width: 15%;"></td> <td style="width: 40%; text-align: center;">Make</td> <td style="width: 45%; text-align: center;">Value</td> </tr> <tr> <td>Radio</td> <td style="border: none;">.....</td> <td style="border: none;">.....</td> </tr> <tr> <td>Cassette</td> <td style="border: none;">.....</td> <td style="border: none;">.....</td> </tr> <tr> <td>Compact Disc</td> <td style="border: none;">.....</td> <td style="border: none;">.....</td> </tr> </table>		Make	Value	Radio	Cassette	Compact Disc	Other accessories (please list):*				
	Make		Value																
Radio																
Cassette																	
Compact Disc																	

**Other accessories refers to front guard and other items that add value to the car. Please note that if accessories are not declared, it will be assumed as non-existent.*

*For completion by proposers with trailers and other attachments.

Type of Attachment	Identification Mark	Value	Usage

5. Is the vehicle new or old (used) _____
6. Has the vehicle been altered, adapted or modified? Yes No
 If Yes provide details _____
7. Are you the owner of the vehicle(s)? Yes No ; Is it registered in your Name? Yes No
 If NO state in whose name it is registered and the address _____

8. Is the vehicle subject to any Hire Purchase Agreement? Yes No
 If Yes, name the Company? _____
9. Please state use _____
10. Please state the address at which the vehicle is usually garaged? _____

NOTE: COMMERCIAL DRIVERS MUST HAVE AT LEAST TWO (2) YEARS EXPERIENCE AND MUST BE AT LEAST TWENTY - FIVE (25) YEARS OLD.

11 Do you have other insurable properties such as Buildings, Shops, Warehouses, Other Vehicles etc?

Yes No

If Yes, give details _____

INSURANCE HISTORY

12. Has any insurance company, ever, in connection with any motor vehicle:

Declined your proposal? Yes <input type="checkbox"/> No <input type="checkbox"/> Refused to renew your policy? Yes <input type="checkbox"/> No <input type="checkbox"/>	Charged extra premium? Yes <input type="checkbox"/> No <input type="checkbox"/> Cancelled your policy? Yes <input type="checkbox"/> No <input type="checkbox"/>
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If Yes, give reasons for the above

13. Are you entitled to a 'no claim discount' from your previous insurance? (if yes, attach a renewal notice) Yes No

14. Have you ever made a motor claim against any insurance company? Yes No

If yes give details: _____

COVER PREFERRED

15. Comprehensive Third Party Third Party, Fire & Theft

16. Do you require an increase in your Third Party Property Damage Limit?

If so state the amount of increase required.

Declaration

I declare that the statements and particulars given in this application are to the best of my knowledge and belief, true and complete and I agree that they shall be the basis of my contract with Millennium Insurance Company Ltd.

Proposer's Signature:

Date:

Underwriter's Name & Signature:

Date:

Agency:	Name:	<input style="width: 70%; height: 25px;" type="text"/>
	Signature:	<input style="width: 70%; height: 25px;" type="text"/>
	Number:	<input style="width: 70%; height: 25px;" type="text"/>

*No liability is admitted until the proposal is accepted by the company and premium payment terms complied with.

*Vehicle proposed for Comprehensive Insurance **MUST** be made available for inspection.