



REINSURANCE COMPANY OF TRINIDAD AND TOBAGO LIMITED

69 Edward Street, Port of Spain, Trinidad, West Indies

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Policy No.: _____

Producer Name: _____

Producer No.: _____

Branch: _____

Commission: _____

PROPOSAL FOR MOTOR VEHICLE INSURANCE

Please give **complete answers** (no blanks or dashes) to all questions. Note that where applicable in the context of this Proposal, the singular shall include the plural.

Full Name: _____ Date of Birth: _____

Postal Address: _____

Address where vehicle is normally kept: _____ Telephone No.: _____

_____ Email Address: _____

Is the vehicle kept in an enclosed and locked garage? Yes No If "No" please describe where it is kept: _____

Business/ Profession (Please be specific): _____

Name of Employer: _____ Telephone No.: _____

Insurance coverage required from: _____ To: _____

PARTICULARS OF VEHICLE (S) TO BE INSURED

Registration No.	Make, Type or Model of Vehicle	Horse Power or Cubic Capacity	Type of Body	Year of Manufacture	Seating Capacity Including Driver	Price Paid and date of purchase	Proposer's Estimate of present value (Incl. accessories and spare parts)

Please State: _____ Whether:- RHD LHD

Engine No.: (1) Chassis No.: (1)

(2) (2)

Any Anti-theft devices? Yes No

If yes, please give details

Give details of installed (non-manufacturers) Accessories and Value

Such accessories are not covered unless specifically declared.

Is the vehicle New Second Hand Foreign Used

If Foreign Used, is vehicle Roll On Roll Off Yes No

		Yes	No
1. Has the vehicle been modified to give an increased performance, altered or adapted to carry a load heavier than the stated in the maker's published specification?	<input type="checkbox"/> <input type="checkbox"/> If "Yes" please give details		
2. a. Will the vehicle be used solely for social, domestic, pleasure purposes and in connection with your business?	<input type="checkbox"/> <input type="checkbox"/> If "No" state fully for what purposes the vehicle will be used (eg. If samples or goods will be carried)		
b. Will the vehicle be used in competitions, rallies, trails or hill climbs?	<input type="checkbox"/> <input type="checkbox"/> If "Yes" please give details		
3. After enquiry and to the best of your knowledge, please state what accidents the vehicle has met with?			
4. a. Are you now or have you previously been insured in respect of any motor vehicle, within the last four (4) years	<input type="checkbox"/> <input type="checkbox"/> If "Yes" state name of Company or Underwriter:		
b. Are you entitled to a No Claim Discount from your previous insurers?	<input type="checkbox"/> <input type="checkbox"/> If "Yes" please attach your current renewal notice/ No Claim Discount Letter.		
c. Has any Company or Underwriter ever:			
i. Declined, cancelled or refused your proposal of any motor insurance?	<input type="checkbox"/> <input type="checkbox"/> If "Yes" please give details		
ii. Imposed any special conditions or required you to carry an increased excess above their normal terms?	<input type="checkbox"/> <input type="checkbox"/> If "Yes" please give details		
5. a. How many years have you held a Driver's Licence?			
b. Please state: Licence No., Date Issued and Class			
6. State total number of vehicles owned by you during the past four years.	Year	No.	Year
	20.....		20.....
		Year	No.
		20.....	
		Year	No.
		20.....	
		Year	No.
		20.....	
7. Will the vehicle be driven solely by you? <input type="checkbox"/> <input type="checkbox"/> If "No" give details in the table below of any person other than you who will be a regular driver. If None state "NONE".			
Memo 1 UNLESS SPECIFICALLY STATED, THE LIABILITY OF THE COMPANY SHALL NOT ATTACH TO ANY AUTHORIZED DRIVER UNDER THE AGE OF TWENTY-FIVE (25) YEARS OR HOLDING A DRIVER'S LICENCE FOR LESS THAN TWO (2) YEARS.			
Full Name	Date of Birth	Occupation	Licence No.
8. State what accidents or losses have occurred during the past 4 years of actual driving in connection with any motor vehicle owned or driven by you or by any person who will regularly drive the vehicle.			Brief details of the incident(s)
Year	Number of Accidents	Cost (paid or estimated)	Nature of payment (e.g.) own damage, third party, etc.)
20.....			
20.....			
20.....			
20.....			
9. Have you or has any other person who will drive the vehicle, (to your knowledge) been convicted during the past five (5) years for any offence in connection with a motor vehicle? <input type="checkbox"/> <input type="checkbox"/> If "Yes" please give full particulars (including any prosecutions pending)			

		Yes	No
10.	Do you or does any person who to your knowledge will drive, suffer from defective vision or hearing or from any physical or mental infirmity or disease?	<input type="checkbox"/>	<input type="checkbox"/> If "Yes" please give details
11.	a. Are you the sole owner of the vehicle and is it registered in your name?	<input type="checkbox"/>	<input type="checkbox"/> If "No" please give details
	b. Is the vehicle subject to a mortgage, Hire Purchase arrangement or bill of sale?	<input type="checkbox"/>	<input type="checkbox"/> If "Yes" please state: Name of Mortgagee _____ Address: _____
12.	Please indicate which Policy Extensions your require		
	a. Windscreen - Standard Limit (\$3,000)	<input type="checkbox"/>	<input type="checkbox"/>
	or Other Limit	<input type="checkbox"/>	<input type="checkbox"/> If "Yes" please state limit required: \$ _____
	b. Special Perils (Flood, Earthquake, Hurricane)	<input type="checkbox"/>	<input type="checkbox"/> Other Policy Extension:
	c. Personal Accident	<input type="checkbox"/>	<input type="checkbox"/> d. _____
NOTE: IF THE VEHICLE IS USED FOR COMMERCIAL PURPOSES, THE SUPPLEMENTARY QUESTIONS BELOW MUST BE ANSWERED			
<p>I hereby warrant the truth of the above statements (and in the case of vehicles for Commercial purposes the statements following). I declare that I have withheld no information whatever which might tend in any way to increase the risk of the company, or influence the acceptance of this Proposal. I hereby undertake that the Vehicle to be insured shall not be driven by any person who to my knowledge has been refused any Motor Vehicle Insurance or continuance thereof. I agree that this Proposal shall be the basis of the Contract between me and REINSURANCE COMPANY OF TRINIDAD AND TOBAGO LIMITED (TRINRE), and I further agree to accept a Policy subject to its condition.</p>			
SIGNATURE OF PROPOSER:		Date of Proposal and Declaration	

SUPPLEMENTARY QUESTIONS 13 to 17 are for COMMERCIAL VEHICLE Insurance ONLY.

13.	If used for Carriage of Goods		a.
	a. What is their general nature?		
	b. Do you undertake cartage for other persons?	<input type="checkbox"/>	<input type="checkbox"/> b. If "Yes" please give details
	c. State maximum carrying capacity.		c. Tare Weight: _____ Gross Weight: _____
14.	If uses for carrying passengers		
	Are the passengers carried for hire or reward?	<input type="checkbox"/>	<input type="checkbox"/>
15.	Will the vehicle be used for Rental/ Lease?	<input type="checkbox"/>	<input type="checkbox"/>
16.	Will the vehicle be driven solely by you?	<input type="checkbox"/>	<input type="checkbox"/> If "No" please state total number of employees licensed to drive:
17.	Will a Trailer or Trailers be used?	<input type="checkbox"/>	<input type="checkbox"/> If "Yes" please give details
<p>I hereby agree that the above questions and answers are incorporated in the Proposal Form above and that the signature clause thereon applies to the answers to questions 13 to 16.</p>			
SIGNATURE OF PROPOSER:		Date:	

FOR OFFICIAL USE ONLY

POLICY TYPE OPEN OTHER

PREMIUM CALCULATION		
GROSS PREMIUM	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Less % No. Claims Bonus	_____	_____
6% GOV. TAX	_____	_____
TOTAL PREMIUM ...	_____	_____

SPECIAL TERMS:

Date Complete:

Signature:

MOTOR UNDERWRITING DEPARTMENT

Comments (If any):

Reviewed by:

Date: