



# PRIVATE MOTOR PROPOSAL FORM

AGENT | \_\_\_\_\_

## 1. GENERAL INFORMATION

Date KYC Last Completed

### IDENTITY DETAILS

Title \_\_\_\_\_ Fore Name(s) \_\_\_\_\_ Surname \_\_\_\_\_

Date of Birth \_\_\_\_\_ National ID / Passport No. \_\_\_\_\_ Nationality \_\_\_\_\_

### ADDRESS AND CONTACT DETAILS

Postal Address \_\_\_\_\_

Physical Address \_\_\_\_\_

Village / Town / City \_\_\_\_\_ Country \_\_\_\_\_

Duration of stay \_\_\_\_\_ if >2 years give previous country of residence \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Place of work \_\_\_\_\_

Occupation \_\_\_\_\_ Work Tel No. \_\_\_\_\_

### BANKING DETAILS FOR KYC

Bank Name \_\_\_\_\_ Branch \_\_\_\_\_ Account Number \_\_\_\_\_

Account Name \_\_\_\_\_ Account Type \_\_\_\_\_

Source of Funds \_\_\_\_\_

State nature of business if funds received from sources other than salary: \_\_\_\_\_

### ANTI-MONEY LAUNDERING AND COUNTER TERRORIST FINANCING REQUIREMENTS

In accordance with the Financial Intelligence Regulations the following documents should be provided for verification:

#### Natural Persons

- Identification document e.g. certified copy of I.D. / passport
- Proof of Address eg: latest of either telephone bill, electricity bill, water bill or lease agreement
- Source of funds / proof of income or employer confirmation letter

## 1 VEHICLE/S TO BE INSURED

Period of Insurance: from [date] to

1.1	MAKE & MODEL	YEAR	REG NO:	IS VEHICLE** [TICK]	TYPE OF COVER***	CLASS OF USE	INSURED VALUE [P]	CLAIM FREE GROUP [CFG]
i				Local <input type="checkbox"/> Import <input type="checkbox"/>	Comp <input type="checkbox"/> TP <input type="checkbox"/> TPFT <input type="checkbox"/>	Private <input type="checkbox"/> Business <input type="checkbox"/>		
ii				Local <input type="checkbox"/> Import <input type="checkbox"/>	Comp <input type="checkbox"/> TP <input type="checkbox"/> TPFT <input type="checkbox"/>	Private <input type="checkbox"/> Business <input type="checkbox"/>		

1.2 IS ANY OF THE VEHICLE/S SUBJECT TO A CREDIT OR SIMILAR AGREEMENT? YES  / NO   
If YES, please state bank Reg No:

1.3 IS ANY OF THE ABOVE VEHICLE/S A REBUILT OR MODIFIED/ENHANCED FOR BETTER ENGINE PERFORMANCE? YES  / NO   
If YES, please provide details

1.4 IS ANY OF THE ABOVE VEHICLE/S INSTALLED WITH NON-FACTORY CAR RADIO? YES  / NO  If YES, please provide details in the table below

RADIO MAKE / MODEL/SR NO	REG NO.	INSURED VALUE [P]
i. Excess Buyback YES <input type="checkbox"/> / NO <input type="checkbox"/> ii. Motor Emergency Assist YES <input type="checkbox"/> / NO <input type="checkbox"/> iii. Motor Extended Warranty YES <input type="checkbox"/> / NO <input type="checkbox"/>		

1.5 HAVE ANY OF THE ABOVE VEHICLE/S BEEN INVOLVED IN A ROAD ACCIDENT IN THE PAST 3 YEARS? YES  / NO   
If YES, please provide details and Reg No:

NOTE: The company shall not be liable for theft of any vehicle unless a company- approved engine immobilizer was installed in the vehicle at the time of theft

## 2 REGULAR DRIVER/S DETAILS\*\*\*

2.1	Surname	Initials	Relation to Proposer	Vehicle/s to be driven [tick]	Age	Gender	Drivers Licence No	Date & place of Issue
i				1 <input type="checkbox"/> and / or 2 <input type="checkbox"/>		M <input type="checkbox"/> F <input type="checkbox"/>		
ii				1 <input type="checkbox"/> and / or 2 <input type="checkbox"/>		M <input type="checkbox"/> F <input type="checkbox"/>		
iii				1 <input type="checkbox"/> and / or 2 <input type="checkbox"/>		M <input type="checkbox"/> F <input type="checkbox"/>		

NOTE\*\*\*: Where the proposer is a regular driver, s/he must complete details for driver 1.

2.2 HAVE YOU OR ANY OTHER PERSON (INCL.REGULAR DRIVER/S) WHO WILL DRIVE THE INSURED VEHICLES HAVE ANY PHYSICAL DISABILITY? YES  / NO   
If YES, please provide details

2.3 HAVE YOU OR ANY OTHER PERSON (INCL.REGULAR DRIVER/S) BEEN CONVICTED OF ANY OFFENCE IN CONNECTION WITH DRIVING OF ANY MOTOR VEHICLE IN THE PAST 3 YEARS OR IS ANY PROSECUTION PENDING? YES  / NO   
If YES, please provide details

2.4 HAVE YOU OR ANY OTHER PERSON (INCL.REGULAR DRIVER/S) WHO WILL DRIVE THE INSURED VEHICLES BEEN REFUSED OR DECLINED INSURANCE BY ANY INSURER IN THE PAST 3 YEARS? YES  / NO   
If YES, please provide details

2.5 HAVE YOU OR ANY OTHER PERSON (INCL.REGULAR DRIVER/S) WHO WILL DRIVE THE INSURED VEHICLE/S HAD CLAIMS IN THE PAST 3 YEARS?  
YES  / NO  If YES, please provide details

## 3 ACKNOWLEDGEMENT AND DECLARATION

I/WE AGREE THAT THIS PROPOSAL SHALL BE THE BASIS OF THE CONTRACT BETWEEN THE INSURER AND MYSELF.

I/WE UNDERSTAND THAT THIS INSURANCE WILL NOT COMMENCE UNTIL THIS PROPOSAL HAS BEEN FULLY ACCEPTED BY THE INSURER.

I/WE FURTHER AGREE TO ACCEPT INSURANCE ON THE TERMS AND CONDITIONS CONTAINED IN THE COMPANY'S POLICY WORDING.

I/WE WARRANT THAT THE ANSWERS GIVEN HEREIN ARE TRUE IN EVERY RESPECT.

PROPOSER'S SIGNATURE:

ID / PASSPORT NO:

DATE:

NOTE: [import\*\*]: Is defined as new or second hand vehicle assembled outside the SADC region. NOTE: [for Excesses]: Refer to our policy wording

NOTE: [covers\*\*\*] Comp is Comprehensive / TP is Third-party / TPFT is Third Party Fire & Theft

ATTACHMENTS: Copies of: registration book, Inspection/Valuation report, Proforma/purchase invoice, Drivers licence, DDO form, tracking device certificate: roadworthiness certificate or engineer's report in respect of re-built vehicle