

## MOTOR INSURANCE PROPOSAL FORM

Please complete this form in block letters. Please attach separate sheet(s), if required.

### I. PROPOSER'S DETAILS

Title:	<input type="text"/>	Name:	<input style="width: 100%;" type="text"/>		
Nationality:	<input style="width: 100%;" type="text"/>		Date of Birth:	<input style="width: 100%;" type="text"/>	
Occupation:	<input style="width: 100%;" type="text"/>		Mobile Number:	<input style="width: 100%;" type="text"/>	
Postal Address:	<input style="width: 100%;" type="text"/>				
Physical Address:	<input style="width: 100%;" type="text"/>				
Email:	<input style="width: 100%;" type="text"/>			Fax:	<input style="width: 100%;" type="text"/>
Period of Insurance:	From	<input style="width: 100%;" type="text"/>	at	<input style="width: 100%;" type="text"/>	To: <input style="width: 100%;" type="text"/>
Type of Cover:	Comprehensive <input type="checkbox"/> Third Party Fire & Theft <input type="checkbox"/> Third Party Only <input type="checkbox"/>				
Additional Personal Accident	<input style="width: 100%;" type="text"/>		Third Party Property Damage Limit	<input style="width: 100%;" type="text"/>	

### II. PARTICULARS OF VEHICLE TO BE INSURED

Make & Model	Type of Body	HP/ Cubic Capacity	No. of Seats	Year of Manufacture	Value of Vehicle (including accessories)	Value of Accessories	Registration Number

CHASSIS NO.	<input style="width: 100%;" type="text"/>	ENGINE NO.	<input style="width: 100%;" type="text"/>
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### III. ABOUT THE DRIVERS

				If 'yes' please give details	
Is The Driving License Under 12 Months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input style="width: 100%; height: 100%;" type="text"/>		
Is This A Commercial Vehicle?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Have You Been Involved In A Motor Accident In The Past Three (3) Years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Will Your Vehicle Be Used To Carry Fare Paying Passengers	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Is Any Institution Financially Interested In Your Vehicle?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
If 'yes' please give name of financial institution:			<input style="width: 100%;" type="text"/>		
Whose name is the vehicle registered?			<input style="width: 100%;" type="text"/>		

### IV. DECLARATIONS

In addition to any other details supplied to Activa International Insurance Co (Lib) Ltd, I/We, the undersigned, declare that to the best of my/our knowledge and belief the information given by me/us is true and complete and that all material information has been disclosed and I/we agree that this application shall be the basis of the contract between me/us and Activa. I/We understand and accept that Activa reserves the right to accept or reject a proposal at their discretion. I/We will give notice to Activa of any change in the information relating to the insured, as stated above. I/We agree to accept a policy in Activa's usual form for this class of insurance and pay the premium thereon.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ AGENCY \_\_\_\_\_