



Netherlands Insurance Company (W.I.) Ltd.

MOTOR (PRIVATE CAR) PROPOSAL

COVER PROVIDED

The following alternative forms of cover are available (see Question 18):

- | | |
|-----------------------------|---|
| 1. COMPREHENSIVE | Liability for injury to third parties and damage to third party property and loss of or damage to the insured vehicle. |
| 2. THIRD PARTY FIRE & THEFT | Liability for injury to third parties and damage to third party property and loss of or damage to the insured vehicle by fire or theft. |
| 3. THIRD PARTY ONLY | Liability for injury to third parties and damage to third party property. |

NETHERLANDS INSURANCE COMPANY (W.I.) LTD. NO CLAIM DISCOUNT SCALE

Your premium will be reduced by the amount specified in the No Claim Discount scale for each policy year provided no claim is made or arises prior to the renewal of the policy.

AFTER:

	PREMIUM DISCOUNT
INTRODUCTORY BONUS	25%
1 Year	30%
2 years	35%
3 years	40%
4 years	45%
5 years	50%
Over 5 years	55%

EACH OF THESE QUESTIONS MUST BE ANSWERED COMPLETELY

1. (a)

Name of Proposer (in full)	DOB dd/mm/yy	Trade/Occupation/ Profession/Business	Email

Telephone:

Work No.	Home No.	Cell 1	Cell 2

How would you like to receive your documents? Email Post

(b) Address (Mailing) _____

 (Home) _____

2. Do you have any other insurances with NETHERLANDS INSURANCE COMPANY (W.I.) LTD.? YES NO
 If "Yes", please give particulars _____

3. How long have you and/or your driver held a valid drivers licence? _____

4. To your knowledge, will anyone driving the motor vehicle:-
 (a) Have less than two years regular driving experience? YES NO
 (b) Be less than 25 years of age? YES NO
 If "YES" to either of these, please give driver's name and age _____

5. (a) Have you the Proposer ever suffered from defective vision, hearing, or any other physical disability or infirmity? YES NO
 If "YES", please state nature of ailment _____

(b) Will any other person who to your knowledge is likely to drive the motor vehicle ever suffered from the ailments in (a) above YES NO
 If "YES", please state nature of ailment _____

6. Have you ever been convicted of any offence in connection with the driving of any motor vehicle? YES NO
 If "YES", please state the date and nature of conviction _____

7. Has anyone who will drive your motor vehicle been convicted of any offence in connection with the driving of any motor vehicle? YES NO
 If "YES", please state the date and nature of conviction _____

8. Are you now or have you ever insured a motor vehicle in your name? YES NO
 If "YES", please state name of Company/Companies _____

9. Has any Insurance Company ever...
 (a) Declined your proposal? YES NO
 If "YES", please explain _____

(b) Increased your premium? YES NO
 If "YES", please explain _____

(c) Required you to carry/pay the first portion of any loss? YES NO

If "YES", please explain _____

(d) Refused to renew or cancelled your policy? YES NO

If "YES", please explain _____

(e) Intimated they would prefer you to place the business elsewhere or otherwise hinted or informed You that they do not wish to continue your insurance? YES NO

If "YES", please explain _____

10. Have you or has anyone who will drive your motor vehicle, ever had any accidents or made any claims (including Windscreen Damage) with this or any other motor vehicle? YES NO

If "YES", please give details _____

GIVE A SEPARATE ANSWER FOR EACH YEAR

Year	Number of Vehicles	Number of Claims or Accidents	Accidental Damage	Third Party	Outstanding

11. (a) Will the motor vehicle be kept secured on your premises at night in a locked garage or driveway? YES NO

If "NO", state where the motor vehicle is to be kept at night _____

(b) How many vehicles are kept on the same premises? _____

12. Has the motor vehicle been modified in any way or fitted with oversized tyres or a high performance engine or equipment? YES NO

If "YES", give details _____

13. Is your motor vehicle:-

(a) New Second-hand

(b) Left-hand drive Right-hand drive

(c) Registered in your name? YES NO

(d) Subject to a Hire Purchase or Mortgage Agreement? YES NO

If "YES", please state the name and address of the Finance Company _____

14. Has the motor vehicle ever been involved in an accident? YES NO

If "YES", give details _____

15. Is your motor vehicle fitted with an anti-theft device? YES NO

If "YES", give details _____

16. (a) Will your motor vehicle be used for any purpose in connection with

(i) The Motor Trade? YES NO

If "YES", please give details _____

(ii) Racing, pacemaking, speedtesting? YES NO

If "Yes", please give details _____

(b) Will your motor vehicle be used only for private and domestic purposes or travelling to and from your place of business? YES NO

If "NO", please state other use _____

17. Is your motor vehicle in good condition and repair and will it be kept so? YES NO

18. Type of cover required is:
 COMPREHENSIVE THIRD PARTY FIRE AND THEFT THIRD PARTY ONLY
 (Policies are subject to compulsory excesses)
19. Do you wish to extend the Policy to include WINDSCREEN DAMAGE? YES NO
20. Do you wish to extend the Policy to include loss or damage and/or liability arising from flood, hurricane, windstorm, tornado, earthquake, volcanic eruption, or any other convulsion of nature? YES NO
21. Risk date from _____ to _____

PARTICULARS OF THE MOTOR VEHICLE TO BE INSURED

Licence Reg. No.	Make	Type of Body	Horse Power or Cubic Capacity	Year of Manufacture	Seating Capacity (incl. Driver)	Date Purchased	Market Value Incl. Accessories	Engine No.	Chassis No.

NOTE: YOU ARE REQUIRED TO ENSURE THAT THE SUM INSURED IS REVISED EACH YEAR TO REFLECT THE CURRENT MARKET VALUE. CLAIMS WILL BE SETTLED ON AN INDEMNITY BASIS – FOR TOTAL LOSSES YOU WILL BE PAID THE ASSESSED PRE-ACCIDENT VALUE, PROVIDED THE SUM INSURED IS ADEQUATE.

I/We Warrant the above statements and particulars which I/We have read over and checked are true, and that the motor vehicle(s) referred to is/are in good condition and repair. I/We desire to effect an insurance with NETHERLANDS INSURANCE COMPANY (W.I.) LIMITED subject to the terms, conditions and exceptions of the Policy to be issued by the Company. I/We agree that this Proposal shall form the basis of the Contract between me/us and the Company, and shall be deemed to be incorporated in the Policy to be issued.

Proposer's Signature _____ Date _____

NOTE: POLICIES ARE ISSUED ON A 'NAMED DRIVER' BASIS WITH COVERAGE BEING AFFORDED TO THE PERSON NAMED IN THE PROPOSAL ONLY. A COMPLETED "NAMED DRIVER" FORM IS REQUIRED FOR EACH ADDITIONAL NAMED DRIVER.

I/We understand that the Policy is on a "Named Driver" basis and that no cover is afforded if my/our motor vehicle is operated by any person not named as a driver and that a completed "Named Driver" Form is required for each additional named driver.

Proposer's Signature _____ Date _____

FOR OFFICE USE ONLY

STATEMENT OF PREMIUM	AGENT _____	CODE: _____
Gross		
Extras	AUTHORISED & CHECKED BY: _____	
Less Discounts	\$ _____	POLICY NO: _____
NET PREMIUM	\$ _____	