

THE INSURANCE COMPANY OF THE WEST INDIES LIMITED.

DRIVER'S PROPOSAL

Important: A definite answer must be given for each question.

DRIVER'S FULL NAME: DATE OF BIRTH:

PRIVATE ADDRESS:

PROFESSION/TRADE OR OCCUPATION (Describe fully).....

NAME & ADDRESS OF EMPLOYER:

HAVE YOU PREVIOUSLY HELD A MOTOR VEHICLE INSURANCE POLICY? IF SO STATE

- a. Name of Insurance Company..... Policy No.....
- b. Year of Insurance..... Type of vehicle.....

DETAILS OF DRIVER'S LICENCE

- a. Full or Provisional
- b. Licence Number
- c. Vehicles permitted to drive
- d. Date of Issue
- e. Expiry date of licence

GIVE DETAILS OF ANY PHYSICAL INFIRMITIES OF ANY KIND, FOR EXAMPLE DEFECTIVE VISION OR HEARING, DIABETES, ASTHMA, HYPERTENSION, EPILEPSY OR HEART PROBLEMS

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GIVE DETAILS OF ANY CONVICTIONS FOR ANY OFFENCE IN CONNECTION WITH THE USE OF ANY VEHICLE OWNED OR DRIVEN BY YOU.

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STATE YEAR, PENALTY AND ANY PROSECUTION PENDING.....

HAS ANY COMPANY OR UNDERWRITER IN RESPECT OF ANY MOTOR VEHICLE INSURANCE POLICY EVER:

- a. Decline to insure?..... b. Cancelled the insurance?.....
- c. Refuse to renew? d. Require increased premium, special terms, excess?.....

If yes, give details.....

GIVE DETAILS OF ALL ACCIDENTS OR LOSSES IN RESPECT OF ALL VEHICLES OWNED OR DRIVEN BY YOU DURING THE PAST FOUR YEARS. (WHETHER A CLAIM WAS FILED OR NOT).

Year of accident	Total # of vehicles owned	Total # of accidents	Particulars of accidents	Particulars of the vehicle involved in accident	Amount paid

GIVE NAMES AND ADDRESSES OF PERSONS AND/OR FIRMS TO WHOM YOU HAVE BEEN EMPLOYED AS A DRIVER DURING THE PAST FOUR (4) YEARS:

Name..... Address.....

Name..... Address.....

Name..... Address.....

Name..... Address.....

NAME OF INSURED:

I warrant that the statements made and particulars given thereon are true.

SIGNATURE OF DRIVER..... DATE.....

FOR INTERNAL PURPOSES ONLY	Name (please print)	Signature	Date
Claims Bank check			
Approved by			