

Motor Insurance Proposal Form

- ▶ **MOOV**
(Third Party)
- ▶ **MOOV Plus**
(Third Party, Fire and Theft)
- ▶ **MOOV Prestige**
(Standard Comprehensive)
- ▶ **MOOV Luxury**
(Extended Comprehensive)

keep on
MOOVing



Important Information

Guidelines

1

Please fill the form BLOCK LETTERS and leave one blank box between two words. Note that all sections of the proposal form must be completed particularly the ones marked (*) using ink. Do not sign any blank or partially completed proposal form.

2

kindly provide copies of all basic requirements. These include:

- ▼ Broker's slip/Risk Details
- ▼ Evidence of payment/Credit note for Brokers
- ▼ KYC documentation (as stated on the inner back cover)

3

Please note that any individual who assists an applicant to complete this proposal form for insurance purposes shall be deemed to have done so as an agent of the application.

4

Kindly contact the Company's Office or Agent for any doubts or clarifications on the content of this proposal form.

5

We do not accept responsibility for cash payment to our agents.

Note:

The liability of the Company does not commence until this proposal has been accepted by the Company and the premium paid.

It is important that you provide full and detailed answers to all questions to ensure proper assessment of the risk. This will also ensure quote terms that are fair and reasonable to both parties.

incorrect or non-disclosure of material information by you may impact on claims arising under this policy.

Proposer's Name:

▼ This section is for individual customers only

Title (Pls. tick): Mr. ☐ Mrs. ☐ Ms. ☐ Others ☐

Date of Birth DD / MM / YY YY

Annual Income Range: Below N5m ☐ N5m-N20m ☐

N20m-N100m ☐ N100m-Above ☐

Occupation: Civil Servant ☐ Entrepreneur ☐

Other

Marital Status: Single ☐ Married ☐

▼ Proposer's Address & Other Details

Address:

House No.

Street

Contact Address

City/town

Tel No.

P.O Box

Alt. Tel No.

Fax

Email:

Url

Policy Document

Delivery Address

▼ Policy Questions

Proposed Policy Start Date: DD / MM / YY YY End Date: DD / MM / YY YY

Vehicle information (Please provide identification details of your vehicle)

Proposal for: ☐ Origin Owner ☐ Second hand Vehicle Usage: ☐ Private ☐ Commercial

Make:

Model:

Variant:

Registration No:

Registration Date: DD / MM / YYYY Registration/RTO Location:

Date of Manufacture DD / MM / YYYY Cubic Capacity:

Seating capacity (incl. driver): Goods Carrying Capacity: kg Length of use: yrs

Value of property

Purchase Price: ₦ Engine No.

Do you have any other vehicle at your disposal ☐ Yes ☐ No Chassis No.

Who will likely use the car? ☐ Owner ☐ Driver ☐ Others (Please Specify)

▼ Finance information

(Please provide details of the institution giving finance for the purchase of your vehicle, if any)

Type of Financing: ☐ Hire Purchase ☐ Lease agreement ☐ Vehicle Loan ☐ Other

Financier's Name:

▼ Previous Insurance details

(Please enter details of the insurance company with whom you recently insured a vehicle)

Previous Insurer's Name:

Claims in the last 3 years:

Year in which claims report	year 1	year 2	year 3
Number of claims in the year	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Amount (₦)	<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: If you have maintained a policy with us for the last 3 years, you qualify for a No-Claim Bonus discount (NCB).

▼ Declaration

I/We hereby declare that statements made by me/us in this proposal form are true to the best of my/our knowledge and belief and I/We hereby agree that this declaration shall form the basis of the contract between me/us and Coronation insurance Plc. If any additions or alterations are carried out in the risk proposed after the submission of this proposal form then the same should be conveyed to the insurers immediately.

I/We authorize Coronation Insurance Plc. to share my/our information like name, company name, address, phone number and email etc. relating to me/us, with their affiliate companies. Coronation can also use such information for communicating marketing offers including, product offerings, services rendered and other such via: ☐ SMS ☐ Telephone ☐ E-mail

Date: DD / MM / YYYY

Signature of Proposer

▼ For Office Use Only

Branch/Team MIS Code Staff Agency Code Staff Code

RM MIS Code Group MIS Code Rate

Date: / /

Policy No:

For Office Use Only

This section is to be Completed by the Account Officer in block letters. The Account Officer is to indicate if necessary KYC documents have been provide by checking the appropriate boxes below and attaching copies of documents obtained from the customer.

▼ Proposers details

☐ Board Resolution ☐ Memorandum and Articles of Association ☐ Certification/Incorporation ☐ Directors' ID

▼ General AML/CFT requirement

Visitation conducted? ☐ Yes ☐ No Visitation report completed? ☐ Yes ☐ No

Customer Due Diligence (CDD) Conducted? ☐ Yes ☐ No Enhanced Due Diligence (EDD) required? ☐ Yes ☐ No

Is the customer's core business activity one of the defined high risk businesses ☐ Yes ☐ No

Is the customer's business located in a high risk location? ☐ Yes ☐ No Is the customer a Politically Exposed Person (REP)? ☐ Yes ☐ No

▼ AML/CFT Risk classification

☐ High Risk ☐ Medium Risk ☐ Low Risk

Explain the basis for the AML/CFT risk classification

▼ Visitation report

Visitation date / / Met with

information gathered

Remarks

Account Officer's Name Rel. Mgr. Name

Account Officer's Signature Rel. Mgr. Name

Date: / / Date: / /


▼ Technical unit's review


Remarks			
Name			
Unit		Signature	Date: <input type="text" value="DD"/> <input type="text" value="MM"/> / <input type="text" value="YY"/> <input type="text" value="YY"/>


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