

Private Motor Policy Proposal Form

Important Note

Take care to complete this form fully and correctly. Failure to disclose a material fact (any fact likely to influence the company's acceptance and assessment of this proposal) will render the insurance claim void. If you are in doubt of the facts which might be considered material, you should disclose them. The liability of the company does not commence until Zimnat General has accepted this proposal and the premium paid, except as any office certificate issued on behalf of the company.

PLEASE USE BLOCK LETTERS
General Information of the Proposer

| | | | | | | | | | | | | | | | | | | | |
|--|-------------------------------|-----------------------------|--------------------------|------------------------------|--------------------------|-----------------------------|--------------------------|--------------------------|--------------------------|----------------|--------------------------|-------------------------------|--------------------------|-----------------------------|--------------------------|--------------------------|--|--|--|
| Surname: | | | | | | | | | | First name: | | | | | | | | | |
| Title: <input checked="" type="checkbox"/> The Hon | <input type="checkbox"/> Prof | <input type="checkbox"/> Dr | <input type="checkbox"/> | <input type="checkbox"/> Rev | <input type="checkbox"/> | <input type="checkbox"/> Mr | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Mrs | <input type="checkbox"/> | <input type="checkbox"/> Miss | <input type="checkbox"/> | <input type="checkbox"/> Ms | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Date of birth: | | | | | | | | | | Policy number: | | | | | | | | | |
| Postal address: | | | | | | | | | | | | | | | | | | | |
| Residential/Business address: | | | | | | | | | | | | | | | | | | | |
| Occupation: | | | | | | | | | | Email address: | | | | | | | | | |
| Tel home: | | | | | | | | | | Tel office: | | | | | Mobile: | | | | |
| Contact person: | | | | | | | | | | | | | | | | | | | |

Address at which vehicle is ordinarily kept at night if different from address given

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | |
|--|----------|--------------------------|-----------|--------------------------|-----------|--------------------------|----------------------|--------------------------|--|--|--|-----|--|--|--|--|--|--|--|--|--|--|
| Period of cover: | From: | | | | | | | | | | | To: | | | | | | | | | | |
| Renewable: <input checked="" type="checkbox"/> | Annually | <input type="checkbox"/> | Bianually | <input type="checkbox"/> | Quarterly | <input type="checkbox"/> | Excess buyback cover | <input type="checkbox"/> | | | | | | | | | | | | | | |

Detail of the Vehicle(s) to be insured

| Make/Model | Type of body | Registration number | Year of make | Engine number | Chassis number | Sum insured | Cover* |
|------------|--------------|---------------------|--------------|---------------|----------------|-------------|--------|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |

* **Cover options:** **Comp.** Comprehensive, **FTPF & T** - Full Third Party Fire & Theft, **FTP** - Full Third Party only

| Fuel type | Transmission | Alarm fitted |
|-----------|--------------|--|
| 1 | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2 | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3 | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4 | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5 | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Any modifications done

| |
|---|
| 1 |
| 2 |
| 3 |
| 4 |
| 5 |

Details of Audio Equipment fitted

| Make/Model | Year purchased | Serial numbers |
|------------|----------------|----------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |

Driver Information (Details of all drivers including the registered owner if he/she will drive the above vehicle)

| | | | |
|--|--------|--|--------------------|
| Full name 1. | | Gender M <input type="checkbox"/> F <input type="checkbox"/> | Date of birth |
| Drivers license:- | Number | Date of issue | Classes applicable |
| Driving experience (give details of losses incurred) | | | Costs \$ |
| Full name 2. | | Gender M <input type="checkbox"/> F <input type="checkbox"/> | Date of birth |
| Drivers license:- | Number | Date of issue | Classes applicable |
| Driving experience (give details of losses incurred) | | | Costs \$ |
| Full name 3. | | Gender M <input type="checkbox"/> F <input type="checkbox"/> | Date of birth |
| Drivers license:- | Number | Date of issue | Classes applicable |
| Driving experience (give details of losses incurred) | | | Costs \$ |
| Full name 4. | | Gender M <input type="checkbox"/> F <input type="checkbox"/> | Date of birth |
| Drivers license:- | Number | Date of issue | Classes applicable |
| Driving experience (give details of losses incurred) | | | Costs \$ |
| Full name 5. | | Gender M <input type="checkbox"/> F <input type="checkbox"/> | Date of birth |
| Drivers license:- | Number | Date of issue | Classes applicable |
| Driving experience (give details of losses incurred) | | | Costs \$ |

| | | | |
|---|--|----------------------|--|
| 1. Have any of the above listed drivers: (If YES give details) | | | |
| a) Been involved in an accident, loss or claim in the past 3 years or license suspended? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Give details | | | |
| b) Been declined motor insurance, had a motor policy cancelled or extra terms imposed for any reason? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Give details | | | |
| c) Suffered from any physical, defective vision or hearing or mental infirmity that may affect his/her ability to drive? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Give details | | | |
| d) Any conviction for careless, reckless driving, driving under influence of Alcohol in the past 2 years? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Give details | | | |
| 2. Will the car be driven frequently by a driver who is under the age of 30 years and/or less than 5 years driving experience? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Give details | | | |
| 3. Usage of the vehicle - Solely for <input checked="" type="checkbox"/> | | | |
| a) Social/domestic and pleasure purposes including to and from permanent place of business? | | | |
| b) Used in own business? | | | |
| 4. Previous Insurance Company | | Policy Number | |

I/we agree that this proposal shall be the basis of the contract between me/us and Zimnat General Insurance Company.

I/we declare that the statements made in this proposal are true and correct to the best of my/our knowledge and belief and

I/we agree to accept and abide by the Zimnat General Insurance Company's form of policy for the risks now proposed.

| | | | | |
|------------------------|-------|-------|---|-------|
| Signature of Proposer: | Date: | Time: | : | am/pm |
|------------------------|-------|-------|---|-------|

| | |
|---------------------------------|---------------|
| Signature of Agent/Underwriter: | Name in full: |
|---------------------------------|---------------|