BCIC

An affiliate of VM GROUP

BRITISH CARIBBEAN INSURANCE COMPANY LIMITED
36 Duke Street, Kingston, Jamaica

MOTOR VEHICLE PROPOSAL FORM

PROPOSERS ARE ASKED TO READ CAREFULLY AND ANSWER ALL QUESTIONS FULLY

Please have the contents thoroughly explained to you before signing this Form

The Company reserves the right to fix premiums or decline any proposal submitted

N.B. For questions with boxes, kindly answer using *this symbol ☒ as appropriate*

IMPORTANT NOTICE

All the information given below must be true, complete and correct. You are under a duty to disclose all material information whether the information is asked for or not. Material information is information that might influence our decision to insure you and if so on what terms and conditions. Your duty to make full and frank disclosure occurs (1) at the time of proposing for insurance, (2) during the currency of the policy, if there are any changes or variations in the information given and (3) at each renewal. Failure to disclose all material information will entitle BCIC to avoid your policy in which case you will not be insured and any claims made will not be paid.

SECTION A: DETAILS OF PROPOSER

Please answer the following questions

1. Proposer's name in full: (Mr/Mrs/Miss/Company) _____

2. Home Address/Registered Address of Company:

_____

3. Telephone #'s: Home /Company: (____) _____Work: (____) _____ Mobile: (____) _____

4. Email Address: _____

If you are an Individual, please answer questions 5-8

5. Date of Birth: ____/_____/_____ Taxpayer Registration Number: _____

6. Occupation/Profession/ Trade: _____

7. Employment status: Employed ☐ Unemployed ☐ Student ☐ Self-employed ☐ Retired ☐

8. Mailing Address (if different from 2 above): _____

If you are a Business entity, please answer questions 9-11

9. Type of Entity: Company ☐ Sole Trader ☐ Partnership ☐ Charity ☐ Other ☐

10. Nature of Business: _____

11. Taxpayer Registration Number: _____

SECTION B: DETAILS OF COVER REQUIRED

Type of Policy: **Private Car ☐** **Commercial Vehicle ☐** **Motor Cycle ☐** **Public Passenger Vehicle ☐**

12. Period of Insurance: Start date: _____/_____/_____ End date _____/_____/_____
dd mm yyyy **dd mm yyyy**

SECTION C: OPTIONAL COVER AVAILABLE

Questions 13 & 14 are applicable to Private Car Comprehensive Cover Only

13. Do you require a rental vehicle following an insured loss for an additional premium? **Yes ☐ No ☐**

14. Would you like to increase or reduce your excess? This will increase or reduce your premium. **Yes ☐ No ☐**

15. Do you require increased limits cover for Bodily Injury to Third Parties for an additional premium? **Yes ☐** **No ☐**

(applicable to Private Car & Commercial Vehicles only)

SECTION D: VEHICLE TYPE, CONDITION, USE & OWNERSHIP

Please answer the following questions in relation to the Motor Vehicle (s) to be insured.

16. Please indicate the Use of Vehicle(s) and Type of Cover required in the table below. (Write the corresponding letter in the table below)

Use of Vehicle

a. Social, domestic and pleasure purposes or travelling to and from your normal place of work
b. Commercial travelling or Motor Trade purposes
c. The carriage of own goods and samples
d. The carriage of goods and samples for hire and reward
e. The carriage of fare paying passengers

Type of Cover

a. Comprehensive
b. Third Party Fire & Theft
c. Third Party Plus Repair – MiniMax (Private Car Only)
d. Third Party Only

Vehicle Information	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Usage			
Type of Cover			
Vehicle Year			
Make & Model			
Chassis Number			
Estimated Market Value **(For Comprehensive & Third Party Fire & Theft Cover only)**			
Modified or adapted from the Manufacturer's specification to give improved performance in any way?	**Yes ☐ No ☐**	**Yes ☐ No ☐**	**Yes ☐ No ☐**
Are you the sole owner of the vehicle? If **No**, State other owners' names	**Yes ☐ No ☐** _____ _____	**Yes ☐ No ☐** _____ _____	**Yes ☐ No ☐** _____ _____
Is the vehicle subject to a Bill of Sale? If **Yes**, State name & address of Lender	**Yes ☐ No ☐** _____ _____	**Yes ☐ No ☐** _____ _____	**Yes ☐ No ☐** _____ _____

SECTION E: DRIVER INFORMATION Please submit copy of Driver's Licence (front and reverse side)

	*DRIVER # 1 (MAIN)	DRIVER # 2	DRIVER # 3
Full Name			
Address			
Occupation			
Date of Birth			
TRN			

(*Main Driver means the person who makes the most journeys as the driver of the vehicle)

To the best of your knowledge, has the main driver or any other person who will drive the insured vehicle (s):

17. Suffer from defective vision, defective hearing, epilepsy, diabetes or any physical disability or mental illness? **Yes ☐ No ☐**
If 'Yes' give details:

_____

_____

SECTION F: ADDITIONAL CLIENT INFORMATION

18. Do you hold a prominent office whether in Jamaica or another jurisdiction? Prominent Office, while not exhaustive include (Governor General, Prime Minister, Member of Parliament, Senator, Mayor, Government Minister, Permanent Secretary, Judge, Commissioner of Police or Assistant Commissioner, Military Officers above the rank of Captain, Ambassador, head of an International Organization e.g. IMF, Red Cross) **Yes ☐ No ☐**

19. Does any of your relatives (parents, spouse, children or in-laws) or close associate in business hold a prominent public office?

Yes ☐ No ☐

If your responses to questions 18 and 19 is Yes, complete questions 20 and 21 as applicable

20. I hold a prominent public office in the capacity of _____

The names of my relatives (spouse, children and in-laws, parents, siblings

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

21. Please select box as applicable in your response

My relative ☐ or close associate in business ☐ holds a prominent public office in the capacity of

_____

_____

The name of my relative ☐ or close associate in business ☐ is _____

_____

SECTION G: POLICY HISTORY AND DISCOUNTS

22. How many years has the main driver been driving claim/accident free? _____

23. Has any insurance company ever declined, cancelled, refused to renew your policy, required an increased premium or imposed special conditions? **Yes ☐ No ☐**

If 'Yes', give details: _____

24. Have you had vehicle insurance before? **Yes ☐ No ☐**

SECTION H: UNDERSTANDINGS

1. At the time of the loss, claim settlement will be based on the then CURRENT MARKET VALUE or the SUM INSURED, whichever is less and the policy Excess must be paid by the policyholder(s), where applicable.
2. We will not pay under this Policy if your vehicle was being driven or used for any purpose other than those set out in the Policy Schedule and Certificate and/or being driven by any person who is disqualified from driving, does not hold a Driver's Licence or is prevented by law from obtaining one.
3. The policy is voidable if false statements are given or information withheld for the purpose of obtaining insurance cover, reducing premium or any other reason.
4. In the event of a claim arising under the policy, all outstanding premium due thereunder shall become immediately payable by me/us.

SECTION I: CONSENT AND DECLARATIONS

I/We hereby acknowledge that Insurance Companies from time to time share information about their policyholders and their insurance transactions with other insurance companies, the Police, The Licensing Authority and other such entities in Jamaica, and in this regard I/We hereby consent to the Insurer sharing related information about my/our insurance transactions.

I/We declare to my/our knowledge and belief that the answers and particulars given in this proposal whether by me/us or on *my/our behalf* are true and complete, and that I/We have not withheld any material information. I/We agree that this proposal, and declaration shall be the basis of my/our contract with British Caribbean Insurance Company Limited, whose policy terms and conditions I/We accept.

I/We hereby authorize the Commissioner of Police or his representative, to release any or all information, that may be required by British Caribbean Insurance Company Limited, pertaining to me/us, my authorized driver(s) or the vehicle(s) declared in this proposal form or in the policy document which constitutes the contract.

Proposer's signature _____

Position _____ Dated this _____
(Affix Company Seal if applicable) ***dd/mm/yyyy***

The liability of the Company does not commence until this proposal has been accepted by the Company and the premium paid; except as provided by an official Cover Note or Certificate of Insurance issued by an authorized Officer of or on behalf of the Company.