



HONEYGOLD MOTORSURE PROPOSAL FORM

How did you get to know about us?

Print Adverts
 Referral
 Word of Mouth
 Exhibition
 Radio
 Facebook
 Other? Specify

SECTION I: DETAILS OF INSURED

Name of Insured:

ID Number: Nationality:

Occupation:

Residential address:

Postal address:

Mobile No.: Home Tel:

Email address:

Broker or Agent:

SECTION II: INSURANCE DETAILS

Period of insurance from: To:

Premiums are to be paid up front before cover commences

1. Will the vehicle(s) be used

- (a) For social domestic and pleasure purposes only Yes No
- (b) For hire or reward? Yes No
- (c) For business or professional purposes? Yes No

If the vehicle will be used for any other purpose, give full details:

2. Name of previous motor insurers and type of cover

3. In the past 5 years has any person who will drive the vehicle(s)

- (a) Been convicted of any driving offence or have any prosecution pending Yes No

If yes, give details:

- (b) Suffered from diabetes fits or any complaint of the heart or other physical or mental infirmity Yes No

If yes, give details:

4. Has/have the vehicle/s been specifically adapted or structurally modified to increase performance? Yes No

If yes, give details:

5. State the name in which the vehicles/s are registered:

6. Are you the owner of the vehicle/s? Yes No

If yes, state name of owner:

A - Comprehensive B - Third Part Fire & Theft C - Third Party & Fire D - Full Third Party Only

Please give full details of all Motor Cars, Motor Cycles, Trailers and Caravans to be insured. If space provided is not enough please use a separate sheet of paper.

Make/Model	Year of make	Cubic capacity	Reg. No.	Engine Chasis No.	Current replacement value	Type of cover required

Give the information about any person including yourself who may drive the vehicle(s).

Name	Occupation	Date of Birth	Date and place of issue of licence	Class licensed for
		dd/mm/yyyy		
		dd/mm/yyyy		
		dd/mm/yyyy		

7. If you have suffered any motor vehicle accidents in the past 5 years please give details.

DECLARATION

I, _____ declare that the answers in this proposal are full and true and that I have withheld no information whatever that may tend in any way to increase the Company's risk or influence their decision regarding this proposal and I undertake to exercise all ordinary and reasonable precautions for the safety of the property proposed for insurance. I agree that this proposal and declaration shall be the basis of the contract between me and Cell Insurance Company (Private) Limited and I agree to accept the Policy subject to the usual conditions endorsed thereon. The insurance does not commence until acceptance has been confirmed by the Insurer.

I consent that all personal information collected shall be used in the provision of short-term insurance premiums, determination, and claims-related services. If premiums are not paid in advance before cover commencement or renewal, the policy will be considered inactive or not in force.

Member Signature:

SIGN HERE

Date:

dd/mm/yyyy

FOR OFFICIAL USE ONLY

Total premium	\$
Less agent commission	\$
Cell Net premium	\$
Add Stamp Duty	\$
Total payable to Cell Insurance	\$

