

MOTOR CYCLE INSURANCE PROPOSAL FORM



Insured _____ Address _____

Occupation _____ Age _____

Assignee _____ Address _____

Period Insurance required for period from _____ To _____

PARTICULARS OF MOTOR CYCLE(S) TO BE INSURED

Registration Mark	Make	CC	Date Of Manufacture	Engine

OWNERSHIP

(a) Are you the owner of the Motor Cycle and is it registered in your name? _____

(b) From whom purchased and date? _____ / /

(c) Whether new or second-hand and price paid? _____

(d) Is the Motor Cycle subject to any hire purchase agreement or any other lien? _____

THE DRIVER(S)

(a) How long have you been driving a Motor Cycle? _____

(b) Do you, or any other person, who to your knowledge will drive, suffer from defective hearing, or from any physical infirmity? Yes No

(c) Have you, or any other person, who to your knowledge will drive, been convicted of any offence in connection with the driving of a motor vehicle? Yes No

USE OF MOTOR CYCLE:

(a) Will the Motor Cycle(s) be used solely for domestic or pleasure purpose _____

(b) If not, will the other use be

1. Solely by you in person for your business or profession? Yes No

2. Business use by fellow employees? Yes No

3. Business use by employees in your firm in connection with your business? Yes No

4. Business use by other persons? (if so give brief details) Yes No

5. For commercial travelling?

PREVIOUS EXPERIENCE:

(a) Are you now or have you been insured in respect of any Motor Vehicle? If so, please state name of Company or Underwriter. _____

MOTOR CYCLE INSURANCE PROPOSAL FORM



(b) Has any Company or Underwriter ever:

1. Declined your Proposal? Yes No
2. Required an increased premium or imposed special conditions? Yes No
3. Required you to carry the first portion of any loss? Yes No
4. Cancelled your policy? Yes No
5. Refused to renew your Policy? Yes No

(c) Have you suffered any Accident or Loss in connection with any Motor Vehicles or Motor Cycles owned or driven by you and/or by any other person who will regularly drive the Vehicle(s) now proposed for insurance?

Yes No

If so, give brief details. _____

TYPE OF POLICY REQUIRED:

Please cross out the three sections not required

- (a) Comprehensive
- (b) Third Party, Fire and Theft
- (c) Third Party Material and Personal Damage
- (d) Third Party Personal Injury (Act) only

REBATES

(a) More than one Motor Cycle Insured? Yes No

(b) Excess of all claims? If so, state amount. _____

No Claims Bonus:

Are you entitled to "No Claims Discount" from your previous Insurers in respect of any of the Vehicles described in this proposal? If so, please attaché renewal notice or No Claims Bonus Certificate

I/We desire to effect an insurance against risks as set forth above in the terms of the Policy used for this class of business and I/We warrant that the above statements and particulars are correct and complete. I/We warrant that the above statements and particulars are correct and complete. I/We undertake that the motor cycle (s) to be insured shall not be driven by any person who to my/our knowledge has been refused any motor vehicles insurance or continuance thereof.

Date ____ / ____ / ____

Signature _____

No liability is undertaken by the Company until the Proposal has been accepted by the Company and the Premium or a Deposit paid.

IMPORTANT:- all Questions and Sub-Sections of Questions MUST be answered fully and if the Proposer is a firm or private company they must be read as also applying to each individual partner or member.