



Tatil

...where people are people

Request for Insurance Quote

Full Name: Date of Birth:

Name of Employer:

Insurance coverage required from: to:

Type of Coverage Required: Full Comprehensive Third Party, Fire & Theft Third Party Only

Particulars of Vehicle to be Insured

Make, Type or Model of Vehicle	H/P or C.C. Rating	Seating Capacity Inc. Driver	Proposer's Estimate of Present Value & List of Accessories & Values

1. Will the vehicle be used solely for special, domestic, pleasure purposes and in connection with your business?
If "NO" state fully for what purposes the vehicle will be used(e.g. If samples or goods will be carried) YES NO

2. Will the vehicle be used in competitions, rallies, trails or hill climbs?
If "YES" Please give details YES NO

3. Are you now or have you previously been insured in respect of any motor vehicle within the last four (4) years
If "YES" state name of company or underwriter YES NO

4. Are you entitled to a No Claim Discount from your previous Insurers
If "YES" please attach your current renewal notice/No Claim Discount letter. YES NO

5. Has any company or underwriter ever: Declined, cancelled or refused your proposal of any motor insurance?
If "YES" Please give detail YES NO

6. Imposed any special conditions or required you to carry an increased excess above their normal terms?
If "YES" Please give detail YES NO

7. How many years have you held a Driver's License?
Please state: License No., Date Issued and Class. YES NO

8. Will the vehicle be driven solely by you?
If "NO" give details in the table below of any person other than you who will be a regular driver. If None state "None" YES NO

9. State what accidents or losses have occurred during the past 4 years of actual driving in connection with any motor vehicle owned or driven by you or by any person who will regularly drive the vehicle. YES NO

Year	No. of Accidents	Cost(Paid or Estimated)	Nature of Payment (e.g.) own damage, third party etc.
19.....			
19.....			
19.....			
19.....			

Brief details of the incident(s)

10. Please indicate which Policy Extensions you required Windscreen
Standard Limit (\$3,000) YES NO
Other Limit: If "Yes" please state limit required: \$

11. Special Perils(Flood, Earthquake, Hurricane)
Other Policy Extensions YES NO

12. Personal Accident YES NO