

PROPOSERS/ CUSTOMER DETAILS

First Name/s Surname
 Date of Birth Gender
 ID Number Cell Phone Number/s
 Email Address Marital Status
 D/L Number Date of Issue Place of Issue
 Home Address
 Town City
 Employment Status
 Employer (if applicable) Occupation
 Business Address
 Business Contact Number

	SELECT WHERE APPLICABLE	Y	N	
1	Do you or any other person who to your knowledge will drive, suffer from defective vision or hearing or from any physical or mental infirmity?	<input type="radio"/>	<input type="radio"/>	If 'Yes' give details <input type="text"/>
2	Have you or has any other person who to your knowledge will drive, been convicted or paid an admission of guilt fine during the past five years for any offence in connection with the driving of any motor vehicle or is any prosecution pending?	<input type="radio"/>	<input type="radio"/>	If 'Yes' give details <input type="text"/>
3	Are you the owner of the vehicle and is it registered in your name?	<input type="radio"/>	<input type="radio"/>	If not: Full Name of owner <input type="text"/> Owners Address <input type="text"/>
4	Has the Motor Car been modified in any way to alter the performance or speed?	<input type="radio"/>	<input type="radio"/>	If so, give details: <input type="text"/>
5	Are you now or have you been insured in respect of any motor vehicle?	<input type="radio"/>	<input type="radio"/>	If so, state names of Insurers: <input type="text"/>
6	Have there been accidents or losses (whether resulting in a claim or not) during the past FIVE years in connection with ANY MOTOR VEHICLE OWNED OR DRIVEN BY OR FOR YOU?	<input type="radio"/>	<input type="radio"/>	If so, give full details: <input type="text"/>
7	Please state what security devices are installed in the car(s) to guard the vehicle or its accessories against theft	<input type="radio"/>	<input type="radio"/>	
8	Will the car generally be kept in a locked garage when not in use at night?	<input type="radio"/>	<input type="radio"/>	If not, state where it will be kept <input type="text"/>
9	Will the motor car(s) be used:	<input type="radio"/>	<input type="radio"/>	
10	Solely for social domestic and pleasure purposes?	<input type="radio"/>	<input type="radio"/>	

11	In connection with any business or profession?	<input type="radio"/>	<input type="radio"/>	If so, give details <input type="text"/>
12	For the carriage of goods or samples for trade purposes.	<input type="radio"/>	<input type="radio"/>	If so give details <input type="text"/>
13	For hiring or the carriage of passengers for hire or reward?	<input type="radio"/>	<input type="radio"/>	If so, give details <input type="text"/>
14	For driving instruction for reward?	<input type="radio"/>	<input type="radio"/>	If so, give details <input type="text"/>
15	For rallies, reliability trials racing speed or other contests?	<input type="radio"/>	<input type="radio"/>	If so, give detail <input type="text"/>
16	In connection with the Motor Trade?	<input type="radio"/>	<input type="radio"/>	If so, give details <input type="text"/>
17	For any other purposes by you or any other person?	<input type="radio"/>	<input type="radio"/>	If so, give details <input type="text"/>
18	Has any insurer in respect of yourself or any other person who will drive ever :-	<input type="radio"/>	<input type="radio"/>	
19	Declined your proposal?	<input type="radio"/>	<input type="radio"/>	Required you specially to carry a portion of any loss? <input type="text"/>
20	Required an increased premium or imposed special conditions?	<input type="radio"/>	<input type="radio"/>	Refused to renew your Policy? <input type="text"/>
21	Cancelled your policy?	<input type="radio"/>	<input type="radio"/>	If so, give details <input type="text"/>
22	Will the car(s) be driven frequently by any person(s) other than the proposer?	<input type="radio"/>	<input type="radio"/>	If so, please supply the following information <input type="text"/>

Full Name of Driver	Date of Birth	D/L Number	Length of driving experience and particulars of all accidents and losses in the past three years	Has any Insurer or Underwriter refused such person(s) Insurance on normal terms?

DECLARATION

I/We hereby declare that the above particulars and statements are true, correct and complete and contain all information known to me/us affecting the risk to be insured and that this and any other written statement made by me/us or on my/our behalf for the purpose of the proposed insurance shall be the basis of and incorporated in the contract between me/us and Econet Insurance Private Limited and shall be promissory.

I/We undertake that the car or cars to be insured shall not be driven by any person who to my/our knowledge has been refused any motor vehicle insurance or continuance thereof.

I/We further agree to accept insurance on the terms and conditions set forth in the Company's Policy, and particularly undertake to notify the Company immediately of any alteration in the risk.

Date Proposer's Signature

