



**LEADWAY**  
ASSURANCE COMPANY LIMITED  
RC 7588

## PROPOSAL FOR PRIVATE MOTOR VEHICLE

- CONTACT US FOR THE FOLLOWING RISKS**
- LIFE & ANNUITY
  - FIRE
  - MOTOR
  - MARINE & AVIATION
  - BURGLARY
  - CASH IN TRANSIT
  - PERSONAL ACCIDENT
  - CONTRACTOR'S ALL RISK
  - WORKMEN'S COMPENSATION
  - GOODS IN TRANSIT
  - VEHICLES
  - OIL & GAS
  - ETC

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(11) Are you entitled to a "No claim Discount" from your previous insurers in respect of any of the vehicles described in this proposal? Yes  No   
 If so, please attach renewal notice.

(12) Do you wish to be covered under the following extensions:  
 a. Strike Riot and Civil Commotion   
 b. Third Party Property Damage extension   
 c. Flood

(13) Do you wish to insure in respect in of:  
 a. Comprehensive benefits, or   
 b. Third Party Liability only or   
 c. Third Party Liability or

I/WE hereby declare that the above statements and particulars (including the particulars overleaf) are true, and I/WE agree that this proposal and declaration shall be the basis of a contract of insurance between me/us and the Company named overleaf, such contract to be expressed in the form of a Policy. I am/We are willing to accept a Policy subject to the terms, exceptions and conditions prescribed by the Company therein. I/We undertake that the vehicle(s) 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.

Date.....20..... Proposer's Signature.....

The ability of the company does not commence until the acceptance of the Proposal has been intimated by the Company

AGENCY	BRANCH	COVER COMMENCE
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**(FOR OFFICIAL USE)**  
**LOCAL FAC REINSURANCE**

Company	Share	Sum Insured		Guarantee	Remarks
		N	K		

**TREATY REINSURANCE**

Cession No	Class	Sum Insured		Leadway.Ret	TTY	Co-Ins
		N	K			

**CLAIMS STATISTICS**

**POLICY EXPRESS**

Date of Accident	Claim No	Amount Settled		Nature of Loss	Reg. No	Remarks
		N	K			



- (8) a. Have you been insured in respect of any motor vehicle? Yes  No   
 If so, state:  
 b. Name of insurer: and   
 c. Policy numbers
- (9) a. In respect of motor vehicle insurance, has any insurers ever:  
 Declined your proposal or cancelled or refused to renew your policy? Yes  No   
 If so, state reason   
 b. required you to bear the first part of the cost of any accident or loss? Yes  No   
 If so, state reason   
 State amount   
 c. Imposed special conditions to insure you or required an increase Yes  No   
 premium? If so, state reason
- (10) a. Have there been any accidents or losses during the last THREE YEARS in connection with motor vehicles owned or used by you?  
 b. If so, give particulars in table below: Yes  No

**CLAIMS HISTORY NOTE:**

NOTE: Please add a separate sheet if the sheet provided for the question is not enough

**TOTAL COST OF SETTLED CLAIMS**

<u>Damage to own Vehicle</u>	<u>Third Party</u>	<u>Others</u>
Claims No.....	Claims No.....	Claims No.....
Amount.....	Amount.....	Amount.....

**Total number of Accidents & Losses**

Year	Number
20.....	.....
20.....	.....
20.....	.....

**CLAIMS NOT YET SETTLED**

<u>Damage to own Vehicle</u>	<u>Third Party</u>	<u>Others</u>
Claim No.....	Claim No.....	Claim No.....
Amount.....	Amount.....	Amount.....

**Total number of Accidents & Losses**

Year	Number
20.....	.....
20.....	.....
20.....	.....

(1) a Will the Car be used SOLELY for social, domestic and pleasure purposes? Yes  No

b If not, state other uses

(2) a (i) Are you the owner of the Car? Yes  No

(ii) If not, state name and address of owner

b (i) Is the Car registered in your name? Yes  No

(ii) If not, state name and address of the person in whose name the Car is registered

c (i) Did you obtain a loan to purchase the Car? Yes  No

(ii) If so, state name of Sponsor

(3) a Will the Car be driven EXCLUSIVELY by (i) Yourself Yes  No

(ii) One or more other person? If so, State name in full of each such other persons and whether he /she is a paid driver

b If the Car will not be driven exclusively by you, state in respect of each other person who to your knowledge will drive

(i) His/her age

(ii) How long he/she has been driving motor vehicles continuously

(iii) Whether he/she has had any motor vehicle accidents or losses during the last three years

(4) a Do you, or does any person who to your knowledge will drive, suffer from defective vision or hearing or from any physical infirmity or disability? Yes  No

b If so, give full details

(5) a Have you, or has any person who to your knowledge will drive, (i) EVER had a licence for driving motor vehicles suspended? Yes  No

(ii) been convicted during the last FIVE YEARS of any offence in connection with motor vehicle, or is any persecution pending? Yes  No

b If so, give full details

(6) a How long have you held a motor vehicle driving license continuously?

b Do you, or does any person who to your knowledge will drive hold a provisional or learner's driving licence? Yes  No

c Will the Motor Car be driven by any person who to your knowledge has held for less than one year a full license to drive such vehicle? Yes  No

(7) State total number of motor vehicles owned by you during each of the last three years 20..... 20..... 20.....  
No..... No..... No.....



