



SUN
insurance

MOTOR VEHICLE PROPOSAL

AGENT NO

POLICY NO

INSUREDPHONE NO:.....

POSTAL ADDRESS

OTHER INTERESTED PARTY & ADDRESS (Please note if under Hire Purchase, Lease or Bill of Sale etc.)

PERIOD OF INSURANCE: FROM/...../..... TO/...../..... AT 4 P.M.

Year Model	Make and Description of Vehicle and Type of Body	Engine and Chassis No.	Price Paid	Registration No.	Sum Insured (Market Value)

ALL QUESTIONS MUST BE ANSWERED IN FULL

- What is the purpose of use
 - What is your vehicle's fuel type (LPG/ Diesel/ Petrol)
- The number of years the Driver has had Comprehensive Insurance
- Is the vehicle at present in a sound condition with a current Warrant/Certificate of Fitness? YES NO
- Has the vehicle been modified in any way? YES NO
- Will passengers be carried for hire or reward or will the vehicle be let out on hire? YES NO
- Do you or does any person who to your knowledge will drive suffer from or have a history of
 - defective vision or hearing or from any disease or physical or mental infirmity or fits of any kind YES NO
 - any disease or infirmity necessitating the prolonged use of drugs or mechanical aids? YES NO
- Have you or any other person who to your knowledge will drive
 - (i) had a proposal declined
 - been required to pay an increased premium or had special terms imposed, or
 - had a policy cancelled or been refused renewal? YES NO
 - been convicted of any offence in connection with a motor vehicle, been disqualified from driving or is any prosecution or police enquiry pending? YES NO
- Do you want ferry crossing cover? YES NO
- Is there any unrepaired damage on the vehicle YES NO
- Do you want rental Cover cost up to \$2000 (optional) YES NO

11. Details of all Drivers

Full Names (Regular Driver)	Sex M or F	Date of Birth	Age	Driving Experience	%of use

12. Have you had a motor vehicle accident or claim? Yes or No. If "yes", complete below.

Date	Details	Insurance Co	Approximate Amount	Driver	Bouns Lost
					Yes/No
					Yes/No
					Yes/No
					Yes/No

Premium Details

.....

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Premium \$

Admin Fee \$

VAT (15%) \$

Stamp Duty \$

Amount Payable \$

EXCESS

Standard NIL

\$350 5%

\$500 10%

\$750 20%

\$1000 25%

Please indicate with a tick (✓) Discounts Private Vehicle only

Replacing Policy No.

Cover Note No.

The company will be free from all liability until the proposal has been accepted and the policy issued.

DECLARATION

I/We declare and warrant the truth of the foregoing statements and agree that this Proposal and Declaration shall be the basis of contract for this insurance and I/We further agree to accept the Company's Policy subject to the terms and condition and exceptions contained therein

Proposers Signature

Date