



**Tatil**  
...where people are people

**Tatil**  
**PROPOSAL FOR MOTOR INSURANCE**

**FOR OFFICIAL USE**

Policy No.: \_\_\_\_\_  
 Producer Name: \_\_\_\_\_  
 Producer No.: \_\_\_\_\_  
 Branch: \_\_\_\_\_

Please give complete answers (no blanks or dashes) to all questions. Note that where applicable in the context of this Proposal, the singular shall include the plural.

Full Name : \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
DAY MONTH YEAR

Gender: Male  Female  Marital Status: Single  Married  Other

Postal Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone No.: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Address where vehicle is normally kept overnight: \_\_\_\_\_

Where is vehicle kept overnight?  Locked Garage  Fenced Compound  Other (Please specify) \_\_\_\_\_

Business/ Profession (Please be specific): \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Insurance coverage required from: \_\_\_\_\_ to: \_\_\_\_\_

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

**PARTICULARS OF VEHICLE TO BE INSURED**

a. Registration No. b. Engine No. c. Chassis No.	Make, Type or Model of Vehicle	H/P or C.C. Rating	Year of Make	New/ Second Hand/ * Foreign Used	Price Paid & Date Purchased	Seating Capacity Inc. Driver	* Proposer's Estimate of Present Value & List of Accessories & Values
a. _____ b. _____ c. _____							
a. _____ b. _____ c. _____							

*\* Accessories not listed are not covered, except if manufacturer installed.*

\* IF FOREIGN, IS VEHICLE ROLL ON ROLL OF ANTI-THEFT DEVICES/SYSTEM Installed in the Vehicle: (YES)  (NO)   
 Please Provide details of (iv.) Alarm Systems or (v.) Other devices.

- i. Immobiliser  Make: \_\_\_\_\_ Model: \_\_\_\_\_
- ii. Gear Stick Lock  Make: \_\_\_\_\_ Model: \_\_\_\_\_
- iii. Gas Lock  Make: \_\_\_\_\_ Model: \_\_\_\_\_
- iv. Alarm System  Make: \_\_\_\_\_ Model: \_\_\_\_\_
- v. Other  Type: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Yes No

1. Has the vehicle been modified to give an increased performance, altered or adapted to carry a load heavier than that stated in the maker's published specification?   If "Yes" please give details
2. a. Will the vehicle be used solely for social, domestic, pleasure purposes and in connection with your business?   If "No" state fully for what purposes the vehicle will be used (eg. if samples or goods will be carried)
- b. Will the vehicle be used in competitions, rallies, trials or hill climbs?   If "Yes" please give details

3. After enquiry and to the best of your knowledge, please state what accidents the vehicle has met with?

4. a. 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
- b. Are you entitled to a No Claim Discount from your previous insurers?   If "Yes" please attach your current renewal notice/ No Claim Discount Letter.
- c. Has any Company or Underwriter ever:
- i. Declined, cancelled or refused your proposal of any motor Insurance?   If "Yes" please give details
- ii. Imposed any special conditions or required you to carry an increased excess above their normal terms?   If "Yes" please give details

5. a. How many years have you held a Driver's Licence?
- b. Please state: Licence No., Date Issued and Class.

6. State total number of vehicles owned by you during the past four years.

Year	No.	Year	No.	Year	No.	Year	No.
20.....		20.....		20.....		20.....	

7. 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"**.

**MEMO 1** Unless specifically stated otherwise, THE LIABILITY OF THE COMPANY SHALL NOT ATTACH TO ANY AUTHORIZED DRIVER UNDER THE AGE OF TWENTY-FIVE (25 YEARS OR HOLDING A DRIVER'S LICENCE FOR LESS THAN TWO (2) YEARS.

Full Name	Date of Birth	Occupation	Licence No.	Date Issued	Class

8. 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.

Brief details of the incident(s)

Year	Number of Accidents	Cost (paid or estimated)	Nature of payment (e.g.) own damage, third party, etc.)
20.....			
20.....			
20.....			
20.....			

9. Have you or has any other person who will drive the vehicle, (to your knowledge) been convicted during the past five (5) years for any offence in connection with a motor vehicle?   If "Yes" please give full particulars (including any prosecutions pending)



	Yes	No
10. Do you or does any other person who to your knowledge will drive, suffer from defective vision or hearing or from any physical or mental infirmity or disease?	<input type="checkbox"/>	<input type="checkbox"/> If "Yes" please give details
11. a. Are you the sole owner of the vehicle and is it registered in your name?	<input type="checkbox"/>	<input type="checkbox"/> If "No" please give details
b. Is the vehicle subject to a mortgage, Hire Purchase arrangement or bill of sale?	<input type="checkbox"/>	<input checked="" type="checkbox"/> If "Yes" please state: Name of Mortgagee _____ Address _____
12. Please indicate which Policy Extensions you require		
a. Windscreen - Standard Limit (\$2,000)	<input type="checkbox"/>	<input type="checkbox"/>
or Other Limit	<input type="checkbox"/>	<input type="checkbox"/> If "Yes" please state limit required: \$ _____
b. Special Perils (Flood, Earthquake, Hurricane)	<input type="checkbox"/>	<input type="checkbox"/> Other Policy Extension:
c. Personal Accident	<input type="checkbox"/>	<input type="checkbox"/> d. _____

**NOTE: IF THE VEHICLE IS USED FOR COMMERCIAL PURPOSES, THE SUPPLEMENTARY QUESTIONS BELOW MUST BE ANSWERED**

I hereby warrant the truth of the above statements (and in the case of vehicles for Commercial purposes the statements following). I declare that I have withheld no information whatever which might tend in any way to increase the risk of the company, or influence the acceptance of this Proposal. I hereby undertake that the Vehicle to be insured shall not be driven by any person who to my knowledge has been refused any Motor Vehicle Insurance or continuance thereof. I agree that this Proposal shall be the basis of the Contract between me and TRINIDAD AND TOBAGO INSURANCE LIMITED, and I further agree to accept a Policy subject to its condition.

SIGNATURE OF PROPOSER:

Date of Proposal and Declaration

**SUPPLEMENTARY QUESTIONS 13 to 16 are for COMMERCIAL VEHICLE Insurance ONLY.**

13. If used for Carriage of Goods	a.
a. What is their general nature?	
b. Do you undertake cartage for other persons?	<input type="checkbox"/> <input type="checkbox"/> b. If "Yes" please give details
c. State maximum carrying capacity.	c. Tare Weight: _____ Gross Weight: _____
14. If used for carrying passengers	
a. Are the passengers carried for hire or reward?	<input type="checkbox"/> <input type="checkbox"/>
b. Will the vehicle be used for Private Hire?	<input type="checkbox"/> <input type="checkbox"/>
<b>Passenger Liability Extension</b>	
c. Do you wish to insure your liability for carriage of non-farepaying passengers?	<input type="checkbox"/> <input type="checkbox"/>
15. Will the vehicle be driven solely by you?	<input type="checkbox"/> <input type="checkbox"/> If "No" please state total number of employees licensed to drive: .....
16. Will a Trailer or Trailers be used?	<input type="checkbox"/> <input type="checkbox"/> If "Yes" please give details

I hereby agree that the above questions and answers are incorporated in the Proposal Form above and that the signature clause thereon applies to the answers to questions 13 to 16.

SIGNATURE OF PROPOSER:

Date

# FOR OFFICIAL USE ONLY

POLICY TYPE:     OPEN         MEMO 1     NAMED

POINTS SYSTEM	PREMIUM CALCULATION	APPLICABLE EXCESSES
AGE: _____ DR. EXP. _____ PROF.: _____ LOSS EXP.: _____ CONVICT.: _____ VEH. EXP.: _____ _____ _____		STANDARD <input type="checkbox"/> YES <input type="checkbox"/> NO If "NO" please specify:

SPECIAL TERMS:

Date Completed: \_\_\_\_\_      Name in Block Letters: \_\_\_\_\_      Signature: \_\_\_\_\_

## HEAD OFFICE - MOTOR UNDERWRITING DEPARTMENT

Comments (If any):

Reviewed by: \_\_\_\_\_      Name in Block Letters      Date: \_\_\_\_\_

Signature: \_\_\_\_\_