



## MOTOR INSURANCE PROPOSAL FORM

PLEASE ANSWER ALL QUESTIONS FULLY; WHERE QUESTIONS DO NOT APPLY, INSERT "N/A"; USE ADDITIONAL SHEET IF NECESSARY

### A. PROPOSER'S INFORMATION FOR INDIVIDUALS *(Photo Identification and Proof of Address are required)*

1. Full Name:		2. Title: <i>(Mr., Mrs., Miss, Dr. etc.)</i>	
3. Date of Birth:	4. Country of Birth:		5. Nationality:
6. Home Address:		7. Mailing Address:	
8. Email Address:		9. Taxpayer Registration Number (TRN):	
10. Home Phone #:	11. Mobile #:	12. Work Phone#:	
13. Type of ID:	14. ID Number:	15. ID Expiry Date:	
16. Occupation/Type of Business: <i>(Describe in full and be specific; avoid vague terms like "Businessman", "Director")</i>			
17. Name and Address of Place of Employment:			
18. Do you have any other type of insurance with JNGI?	Yes	No	If Yes, please provide details.
19. Have you or any relative or close associate been entrusted with prominent public function in any country <i>(e.g. Politician, Senior Government, Judicial or Security Force Official)?</i>	Yes	No	If Yes, please provide details.

### B. PROPOSER'S INFORMATION FOR COMPANIES

20. Name of Contact Person/Authorized Signatory for the Company:			
21. Contact's Relationship to the Company:		22. Contact's Email Address:	
23. Contact's ID #:	24. Type of ID:		25. ID Expiry Date:
26. Company # <i>(on the Certificate of Incorporation)</i> :		27. Company's TRN:	
28. Names and Addresses of Shareholder(s) with 10% or more shareholding:			
<b>Name</b>		<b>Address</b>	
1)			
2)			
3)			
29. Names and Addresses of Directors:			
<b>Name</b>		<b>Address</b>	
1)			
2)			
3)			

### C. PROPOSER'S DRIVING INFORMATION, INSURANCE & ACCIDENT HISTORY

30. Driver's Licence #:		31. Type of Licence:	
32. Issue Date:		33. Country of Issue:	
34. Do you have any physical disability or infirmity that will impair your ability to drive?	Yes	No	If Yes, please provide details.
<b>NB: a) Medical Certificate will be required to confirm your ability to drive if you have an impairment or physical disability</b> <b>b) An Engineer's Report will be required if the vehicle has been modified to suit your infirmity or disability</b>			



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35. Have you or anyone who will regularly drive had a motor vehicle accident in the past three (3) years involving this or any other motor vehicle?		Yes	No	If Yes, please provide details.
<b>Date</b>	<b>Circumstances</b>			<b>Were you at Fault?</b>
1)				
2)				
3)				
36. Has any Insurer ever:		If Yes, please provide details.		
a) Refused your insurance	Yes	No		
b) Imposed an increased excess or special terms	Yes	No		
c) Refused to renew or cancelled your insurance	Yes	No		

### D. VEHICLE DETAILS

37. Year:	38. Make:	39. Model:	40. Colour:
41. Registration #:	42. Body Type:	43. # of Seats (incl. Driver):	44. Mileage:
45. Chassis #:		46. Engine #:	
47. Laden Weight (if applicable):		48. Unladen Weight (if applicable):	
49. Estimate of Value:			
50. Has the vehicle been or will it be modified from the Manufacturer's Specification to improve performance?	Yes	No	If Yes, give details:
51. Are any Vehicle Tracking Devices attached?	Yes	No	If Yes, give details:
<b>NB: a) If you are in doubt about the value of your motor vehicle, please provide a professional Valuation Report.</b> <b>b) An Engineer's Report is required for vehicles over fifteen (15) years old.</b>			

### E. VEHICLE OWNERSHIP/MORTGAGEE/PREMIUM FINANCIER/SOURCE OF FUNDS

52. Is the vehicle registered in your name only?	Yes	No	If No, please provide particulars of other Owner(s).
53. Do you have a financial interest in this vehicle?	Yes	No	If No, please provide particulars of other Owner(s).
54. Does anyone else have a financial interest in this vehicle?	Yes	No	If Yes, please provide particulars of other person(s)
55. Will anyone other than the registered owner(s) have custody and control of the vehicle?	Yes	No	If Yes, please provide particulars of other person(s)
56. Name and Address of Lien Holder (if any):			
57. Name and Address of Premium Financier (if any):			
58. Source of Funds (used for paying the Insurance Premium):			

### F. POLICY TYPE & COVER REQUIRED

59. Type of Policy Required:	Private Motor		Private Commercial		Public Commercial		Public Passenger		Motor Cycle
60. Type of Cover Required:	Comprehensive		Third Party Fire & Theft			Third Party			
61. Will you be driving the vehicle?	Yes	No	If No, please refer to item 63 below.						
62. Would you like insurance for?	Insured Only		Named Driver(s)			Open Driving			



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<b>63.</b> Provide the Name (s) of the Principal Driver, Named Driver(s) and Regular Drivers and complete a Driver Declaration Form for the Person(s) named.					
<b>64.</b> Will anyone (including those named above), be driving who is/has:			If Yes, please provide details.		
a) Less than 21 yrs old or over 80 yrs old (less than 25 yrs old or over 70 yrs old for Public Passenger Vehicles)	Yes	No			
b) A Provisional Licence	Yes	No			
c) The appropriate Licence but for less than 1 year	Yes	No			
d) Had an accident, claim, conviction in the last 3 yrs	Yes	No			
<b>N.B. You must declare the names of all known drivers (children, dependents or otherwise) who are less than 21 yrs old or who have held their driving licence for less than one year, prior to the inception of the policy, during the policy period and subsequent to any renewal of the policy. A Driver Declaration Form must be completed for each of these persons.</b>					
<b>65.</b> Do you require cover for towing (apart from towing a disabled vehicle)? (e.g. towing a boat trailer)	Yes	No	If Yes, please provide details:		
<b>66.</b> Do you require Increased Limits of Liability?	Yes	No	If Yes, please state the option(s) required:		
<b>67.</b> Indicate if you require Increased Limits for any of these Benefits?	Audio System	Windscreen Cover	Wrecker Fee	Manslaughter Defence	Personal Accident
<b>68.</b> Are you earning No Claim Bonus/Discount from your previous Insurer? If Yes, please provide proof.					Yes   No

### G. PRIVATE MOTOR & PRIVATE COMMERCIAL VEHICLE USE

<b>69.</b> In addition to Private, Pleasure and for your Personal Business Use, will the vehicle be used for:			If Yes to any of these questions, please provide details.		
a) Your Employer's Business	Yes	No			
b) Sales or Commercial Travelling	Yes	No			
c) Carrying goods in connection with your or your Employer's business	Yes	No			
d) Carrying goods for hire or reward	Yes	No			
e) Professional Driving Instruction	Yes	No			
f) Hire Drive (Rental purposes)	Yes	No			

### H. PUBLIC COMMERCIAL AND PUBLIC PASSENGER VEHICLE USE

<b>70.</b> Will the vehicle be used for:			If Yes to any of these questions, please provide details.		
a) Rallying, Pacemaking, Speed Testing, Racing	Yes	No			
b) Carrying Passengers for hire or reward	Yes	No			
c) For Professional Driving Instruction	Yes	No			
d) For Hire Drive (Rental) Purposes	Yes	No			
e) Carriage of goods like Explosives, Bulk Liquid Petroleum Gas, Chemicals and Gasses in liquid, compressed or gaseous form, or any other potentially hazardous goods	Yes	No			
<b>71.</b> If the vehicle is to be insured as a Special Type (e.g. Tractor, Agricultural Machine, Backhoe, etc.), will its use be restricted to your own premises? If No, please provide details:					



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### I. REFEREES (Applicable to Individual Proposers only)

Name:	Name:
Address:	Address:
Telephone #:	Telephone #:
Occupation:	Occupation:
Email:	Email:

### J. DECLARATION OF THE PROPOSER

I/We warrant that:

- The above statements and particulars which I/We have read and checked are true
- I/We have not suppressed or misstated any fact
- The vehicle(s) referred to above is/are in good condition and repair

I/We desire to effect insurance in accordance with the terms, conditions and exceptions of the Company's standard policy. I/We agree that this Proposal and any Declaration Form(s) completed by Other Driver(s) shall form the basis of the Contract between me/us and the Company and shall be deemed as incorporated in the policy to be issued.

I/We further declare and agree that if the above statements and particulars have been filled in by a person other than the undersigned, such person shall be deemed to be my/our Agent for the purpose of filling in this Proposal Form.

I/We agree to my/our personal information being shared with JNGI's parent company and/or any of JNGI's fellow subsidiaries. I/We further agree that JNGI may record and store all information on my/our account in such form and means it deems fit including use of the services of its parents or fellow subsidiaries and affiliates or any electronic data processing service provider.

Signature of Proposer: ..... Date: .....

- NB:**
- If you are signing on behalf of a Company, state the capacity in which you are signing and affix the Company stamp.
  - At the inception of the insurance, your Policy may not be immediately available and so you may request a Specimen of the Policy in addition to any Explanatory Notes.
  - All outstanding premiums become payable in the event of an accident or any incident that may give rise to a claim being made against this insurance.

### IMPORTANT

- A range of Optional Benefits are available, including but not limited to, Uninsured Driver Cover, Excess/Deductible Buy-back and Alternative Transportation.
- Discounts are available for certain Member Groups.
- Speak with a Customer Service Representative or visit our website at [www.jngijamaica.com](http://www.jngijamaica.com) for more information.