



Motor Plan Proposal Form

This contract for insurance is proposed by to Empaya Insurance Company and any insurance subsequently arising will be between yourself and Empaya Insurance Private Limited.

Cover in Brief

"Your Comprehensive cover will compensate for damages to your insured vehicle caused by accident, theft or fire. It also covers damage to windscreens and theft of accessories. Furthermore there is cover for Third Party Property Damage/or bodily injury and medical expenses for injuries to occupants of your vehicle. For more details please read through your policy wording."

Contact details

Name (in full):.....

Date of birth:..... Occupation:.....

Driver's license No:..... Date of Issue.....

Bank Account No:..... Branch Code:.....

Postal Details:.....

Telephone:..... Cellphone:..... E-mail:.....

Period of Insurance

First period of Insurance from:/...../.....

To :...../...../.....

Your Vehicle(s)

[illegible]

Cover (tick where appropriate)

Comprehensive (COMP)

☐

Full Third Party Fire & Theft (FTPF&T)

☐

Full Third Party (FTP)

☐

Details of Car Audio Equipment

Make

Serial No.

Value

.....

.....

.....

.....

Use of Vehicle

Social domestic pleasure travel to and from work

☐

Social domestic pleasure limited business and professional purposes

☐

Social domestic pleasure business and professional purposes

☐

Please answer the following questions

- | | | |
|----|---|--------|
| 1 | Have you or has any person who will drive this vehicle been subject to a driving disqualification, charged or convicted of any driving offence during the past (5) five years or is any prosecution pending? | YES/NO |
| | | |
| 2 | Do you or any other person who will drive the vehicle suffer from defective eyesight hearing or from any physical infirmity or other affliction which could affect the ability to drive? | YES/NO |
| | | |
| 3 | Has the vehicle been specially adapted or structurally modified to increase or change performance or carrying capacity? | YES/NO |
| 4 | Are you the owner of the vehicle/s? If NO state owner and /or name of hire Purchase Company below. | YES/NO |
| | | |
| 5 | Were you previous insured? | YES/NO |
| | | |
| 6 | Has any insurer declined your proposal or required you to specifically carry a portion of any loss or, required an increased premium or imposed special conditions or, refused to renew your policy or cancelled your policy? | YES/NO |
| | | |
| 7 | Is/ are the vehicle/s in a sound state of repair | YES/NO |
| | | |
| 8 | Have you suffered a loss before during the past 3 years whether insured or not? | YES/NO |
| | | |
| 9 | Will the vehicle/s be driven by any someone else other than your spouse? | YES/NO |
| | | |
| 10 | If you answered YES to any of the above give details below | YES/NO |
| | | |
| 11 | Has any insurer declined your proposal or required you to specifically carry a portion of | a
n |

y loss or, required an increased premium or imposed special conditions or, refused to renew your policy or cancelled your policy? YES/NO

12 Is/ are the vehicle/s in a sound state of repair YES/NO

.....
.....
.....
.....

Please read and sign here

I warrant that to the best of my knowledge and belief the statements and particulars contained in this proposal are true and complete. I agree to accept insurance on the terms and conditions specified by E m p a y a Insurance (Pvt) Company and that this proposal form shall be the basis of the contract between me and the insurance company.

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

If proposer is a company Company Stamp

No liability is undertaken until the company has accepted the proposal except to the extend of any official policy document has been issued. I understand that my insurance shall not be effective until I have paid the premium.

