



LAMCO INTERNATIONAL INSURANCE LTD

12, BARRACKS STREET – PORT LOUIS – MAURITIUS

Tel : 212-4494, 212-2221 (10 Lines)

Fax No : (230)208-0612 / 213-3927

H.O - S.O - Acc. Agent - Salesperson - Broker

Policy No.....

PROPOSAL FOR INSURANCE OF MOTOR VEHICLE

All questions must be answered fully, delete YES or NO and give details where required

THE PROPOSER

Full Name of Proposer:.....

Precise Address :.....

Date & Place of Birth :.....

Nationality :..... N I C No.:

Business/Occupation :.....

VAT REG No.(if applicable):.....

Telephone No Residence : Office : Mobile No :

E-Mail Address :

PARTICULARS OF DRIVER/S

| Name | Age | Occupation | Type of Licence /Date of issue | Driving Licence No. |
|------|-----|------------|--------------------------------|---------------------|
| | | | | |

Have you, or any person, whom to your knowledge will drive :-

- (a) been involved in any accident during the past five years ? Yes / No
 (b) been fined ? Yes / No
 (c) had licence endorsed ? Yes / No
 (d) been convicted of any motoring offence ? Yes / No

PARTICULARS OF VEHICLE

PRIVATE CAR COMMERCIAL VEHICLE MOTOR CYCLE

| Registration No. | Year of Manufacture | Engine Capacity | Type of Body | Make, Model & Colour |
|--|---------------------|-----------------|--------------|--|
| | | | | |
| CHASSIS NO | | ENGINE NO | | SEATING / CARRYING CAPACITY INCLUDING DRIVER |
| | | | | |
| Propelled by (i) Petrol <input type="checkbox"/> (ii) Gasoline <input type="checkbox"/> (iii) Liquefied gas <input type="checkbox"/> | | | | PASSENGERS : |
| | | | | GOODS : |

| | | |
|--|---|---------|
| Whether Vehicle is reconditioned? | Yes / No | |
| Proposer's Estimate of Value including Accessories & Spare Parts. | Vehicle Rs..... | |
| | Registration Fee Rs..... | |
| | Trailer Rs..... | |
| | Total IEV Rs..... | |
| N.B 1 : In case of duty free or concessional duty paid cars, Insured's Estimated Value must represent "Full Market Value", i.e., inclusive of duty. | | |
| N.B 2 : Please declare separate value for Accessories installed other than as original equipment. | | |
| | MODEL | AMOUNT |
| | | Rs..... |
| | | Rs..... |
| | | Rs..... |
| | TOTAL | Rs..... |
| | <i>(Total to be included in the estimate of value stated above)</i> | |

INSURANCE REQUIRED

TYPE OF COVER:

(a) COMPREHENSIVE (b) THIRD PARTY & FIRE

(c) THIRD PARTY ONLY (d) LAMCO GOLD

PLEASE TICK ADDITIONAL COVER REQUIRED:

(a) CYCLONE /FLOOD

(b) RIOT & STRIKE

(c) PASSENGERS' COVER

PERIOD OF INSURANCE : FROM.....TO.....

(1) Do you wish to bear additional voluntary excess? **Yes / No**
If yes, for what amount? Rs.....

(2) Do you wish to restrict cover to named drivers? **Yes / No**
If yes, name of driver(s).....
.....

(3) Do you have any lien/ hypothecation on the vehicle? **Yes / No**
If yes, please specify :-
Name :.....
Address :.....
Amount Rs :.....

(4) Will the motor vehicle be kept in a garage? **Yes / No**
If no, give details.....
If yes, state type of construction and address of garage :.....

(5) Please indicate the purpose for which the motor vehicle will be used :.....

- (6) Have you ever been found guilty of any criminal offence including fraud, theft, swindling or embezzlement? **Yes / No**
 If yes, (please give details).....
- (7) Is there any other insurance policy in force covering this motor vehicle? **Yes / No**
 If yes, (please give details)
- (8) Has any other Insurance Company ever rejected claim/s made by you? **Yes / No**
 If yes, (please give details)
- (9) Was this motor vehicle purchased at Auction sale? **Yes / No**
 If yes, (please give details)
- (10) Has this motor vehicle ever been treated as a “ Total Loss ” **Yes / No**
 If yes, (please give details).....
- (11) Has the motor vehicle been modified from its manufacturer’s specification? **Yes / No**
 If yes, (please give details).....
- (12) Will your son/daughter or any relative who is less than 25 years old and/or has a licence which was taken out not more than 2 years and/or a learner driver will drive the vehicle? **Yes / No**
- (13) Do you or does any person whom to your knowledge will drive, suffer from epilepsy, heart condition, defective vision or hearing or any physical or mental disability, infirmity or disease? **Yes / No**
 If yes, (please give details).....

INSURANCE HISTORY

| | |
|--|--|
| Have you ever been insured in respect of any motor vehicle including above? If so, state Do you have any other vehicles insured and/or any insurance policy with the Company or through our Sub Offices or Accredited Agents? Yes/No If yes, give details..... | Name of Company/Agent : Risk covered: Reasons why discontinued : |
|--|--|

Has any Company or Underwriter ever

- | | |
|---|-----------------|
| (a) Declined your Proposal? | Yes / No |
| (b) Required increased premium or imposed special conditions? | Yes / No |
| (c) Refused to renew your Policy? | Yes / No |
| (d) Cancelled your Policy? | Yes / No |

CLAIMS HISTORY

Please furnish details of accidents during past 5 years in connection with any Motor Vehicle owned/or driven by you or by any person who will regularly drive the subject vehicle.

| YEAR | NO. | TYPE OF CLAIM | A.F/ N.A.F/ O.D | AMOUNT (RS) |
|------|-----|---------------|-----------------|-------------|
| 20 | | | | |
| 20 | | | | |
| 20 | | | | |
| 20 | | | | |
| 20 | | | | |

DECLARATION

I/We desire to insure with the Company in respect of the vehicle/s described in the above proposal and I/We hereby warrant that the above statements and particulars are true. I/We declare that I/We **have not suppressed, misrepresented or mis-stated any material fact**. I/We further agree to accept the Company's usual form of Policy for insurances of this nature. I/We agree that in the event of loss or damage resulting in a **Total Loss** of the vehicle, the liability of the Company shall not exceed the reasonable assessed pre accident Market Value and/or Sum Insured whichever is less. I/We undertake that the above vehicle will be maintained in an efficient condition and shall not be driven by any person who to my/our knowledge has been refused any motor vehicle insurance or continuance thereof.

I/We also declare and agree:-

1. Should this Insurance be cancelled for whatever reasons, I/we undertake to immediately return to the Company the original **Certificate, Vignette and Policy** issued to me/us.
2. Further in the event this Insurance is cancelled for whatever reasons, I/we undertake not to make use of this certificate and/or vignette and/or policy in my/our possession or any copy whereof in any manner whatsoever and in any circumstances whatsoever.
3. I/We further undertake not to make use of these documents for any reasons whatsoever except for the purpose for which they have been issued to me/us.

I/We also agree to bear a compulsory excess of Rs.....and Young Driver's Excess of Rs.....(if any) and a voluntary excess of Rs.....as declared by me on each and every own damage claim payable under the Policy , irrespective of my/our being responsible or not for any accident.

I/We hereby acknowledge having received the Insurance Certificate and Vignette in Original and set of Agreed Statement of Facts (ASF) form along with the Policy Summary Information.

This form has been filled at my/our request and according to my/our instruction(s) and has been read over and explained to me/us by

Date.....

Signature.....

FOR OFFICE USE ONLY

| PREMIUM COMPUTATION | RS | RS |
|--|-----------|-----------|
| Basic premium for Third Party Only | | |
| Premium for Fire Cover (where applicable) | | |
| Comprehensive Cover Premium (where applicable) | | |
| _____ % of Insured Estimated Value | | |
| Less Discount(s) :- Less _____% N.C.B | | |
| _____ % S.V.I | | |
| _____ % (others) | | |
| Premium for Additional Cover | | |
| Document Fee | | |
| FSC Variable Annual Fee (0.35%) | | |
| TOTAL PREMIUM | | |

