



Industrial and General Insurance Plc

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MOTOR COMMERCIAL VEHICLE INSURANCE PROPOSAL FORM (INDIVIDUAL)

IMPORTANT: Kindly complete this form carefully. Failure to disclose all facts likely to influence the acceptance and assessment of this proposal could affect settlement of claims or invalidate your policy. If you are aware of any fact likely to influence the proposal kindly, disclose them in the space provided at the end of this proposal. If any answer has been written by any other person(s), such person(s) shall for that purpose be regarded as the agent of the proposal and the agent(s) Insurer.

PERSONAL DETAILS

PLEASE COMPLETE IN BLOCK LETTERS

Proposer:

Surname

Firstname

Middlename

Please specify Title Mr Mrs Miss Others Sex: Male Female

Marital Status: Single Married Divorced Separated Widowed

Date of Birth (dd/mm/yyyy)
Occupation Are you self employed? Yes No

Resident Address: Line 1
Line 2
Line 3 Town State

Postal Address: (if different from above) Line 1
Line 2
Line 3 Town State

Telephone Nos. Home Office
Mobile / GSM Fax
Email Website
Wedding Anniversary Date (if applicable)
Insurance Required (Dates) From To

NEXT OF KIN / EMERGENCY CONTACT

Name Relationship
Contact Address: Line 1 Telephone
Line 2
Line 3 Town State

VEHICLE DETAILS

1.

Index Mark or Registration Number	Make of Vehicle	Type of Body	Chassis Number	Engine Number	Passenger Carrying Capacity (Including Driver)	Year of Manufacture	Date of Purchase	Proposer's Estimate of Present Value	Cost of purchase

TRAILER: State total number and description of each including identification mark, value and carrying capacity

- | | Yes | No |
|---------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 2. (i) Do you solely own the vehicle(s)? | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) Is/are the vehicle(s) being hired or Under hire purchase agreement?
If answer to 2 (ii) is YES give details | <input type="checkbox"/> | <input type="checkbox"/> |

- | | Yes | No |
|-----------------------------------------------------------------------|---------------------------------------------------------|--------------------------|
| 3. Please, tick the purpose(s) for which the vehicle(s) will be used. | | |
| (a) Carriage of own goods only | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Carriage of goods for hire or reward | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Private Passenger Hire | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Public Passenger Hire | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) Motor trade | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) If otherwise, please state | <input style="width: 100%; height: 20px;" type="text"/> | |

4. If passengers will be carried, state their categories

5. In what countries will the vehicle(s) be used?

NOTE: Unless an extension is granted, all policies are valid only in Nigeria

DRIVER DETAILS

- | | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Will the Vehicle(s) be driven solely by you?
If NO, state number of employees licensed to drive | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you or any of your drivers had less than 12months driving experience? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you or any other person who to your knowledge will drive ever | | |
| (i) been involved in any motor accident in the last 3 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) suffered or suffering form defective vision, hearing or any other physical disability? | <input type="checkbox"/> | <input type="checkbox"/> |
| (iii) been convicted of any motoring offense or offenses of any other kind in the last 5 years or having a prosecution pending? | <input type="checkbox"/> | <input type="checkbox"/> |

If answer to 3(i) is YES, give particulars in the schedule below.

Year	Total of Vehicles Owned By Proposer	Claims by Public for Personal Injury or Property Damage			Damage to Proposer's vehicle		
		No.	Paid	Outstanding	No	Paid	Outstanding

INSURANCE HISTORY

- | | Yes | No |
|--------------------------------------------------------|--------------------------|--------------------------|
| 1. Have you previously held insurance of this type? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has any company in respect of Motor Insurance ever: | | |
| (i) Declined your proposal? | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) Cancelled or refused to renew your policy? | <input type="checkbox"/> | <input type="checkbox"/> |
| (iii) Imposed any special terms? | <input type="checkbox"/> | <input type="checkbox"/> |

If YES, to any of the above, give details

COVER REQUIRED

1. The cover required:
- | | | |
|----------------------------------------|-----------------------------------------------------|-------------------------------------------|
| Comprehensive <input type="checkbox"/> | Third party Fire and Theft <input type="checkbox"/> | Third Party Only <input type="checkbox"/> |
|----------------------------------------|-----------------------------------------------------|-------------------------------------------|

2. Do you require the Policy to extend to cover:
- (i) Damage to third party property in excess of the standard N1m **Yes** **No**

If YES, state amount of indemnity required =N=

- (ii) Legal liability to passengers? **Yes** **No**

3. State No claim Discount percentage enjoyed at last-renewal %

Are there any additional facts likely to affect the proposed insurance Which should be disclosed to underwriters? **Yes** **No**

If YES, give details:

DECLARATION

I/We humbly declare that to the best of my/our knowledge and belief, the information supplied in this proposal form is true and complete. I/We understand that cover is not effective until acceptance of this proposal is confirmed and payment effected.

Signature of proposal _____ Date _____ Agent _____

PRINCIPAL EXCLUSION AND CONDITIONS

The company shall not be liable to pay for:

- Consequential loss, depreciation, wear, tear, mechanical or electrical breakdown, own failure or breakages, overloading strain or damage to tires unless the vehicle is damaged at the same time.
- Accident, loss or damage and/or liability caused by or sustained or incurred whilst the vehicle is being used other than for the purpose specified or being driven by any person not authorized or licensed.
- War, strike, Riot, civil commotion, flood, Typhoon, Hurricane, etc (cover available on payment of additional premium)
- Death or bodily injury to third parties or damage to their property unless legal liability is established.
- Any amount in excess of the policy limits.
- The above principal exclusion and conditions are only an abbreviated form of full terms and conditions of the policy. It is suggested you fully avail yourself of the full exclusion and conditions by requesting/sighting of a specimen policy from the company.

IMPORTANT NOTICE

- Keep a record of all information supplied to us (including copies of letters) as part of this proposal
- A copy of the completed proposal form will be supplied on request
- A copy of the policy form is available on request for verification prior to completion of the contract.
- Notice is to be given immediately to the company of any incidence or occurrence which may give rise to a claim under the policy.
- The comprehensive private motor policy covers:
 - (i) Legal Liability to Third Parties including passenger
 - (ii) Loss of or damage to the Motor Car resulting from Accident Collision or Overturning, Fire, Theft etc.
 - (iii) Medical Expenses for injury to the occupants of the car