



P.O. Box 4251, Accra Tel: +233-0302-253021/255742 Fax: + 233-0302-258211
 Email: glicogen@info.com

MOTOR VEHICLE PROPOSAL FORM

Effective Date..... Agency #.....

Expiry Date..... Policy #.....

1. Name:.....

2. Postal Address:.....

3. Business or Occupation:..... Tel. No.....

4. Age:..... Fax No:..... E-mail Address.....

THE VEHICLE DETAILS

MAKE	Body Type	Registration No	Year of Manuf.	Horse power or cc	Seating Capacity	Value including Accessories	Engine No. Chassis No.
Please provide details of accessories		Make			Value		Other accessories (please list)*
		Radio	.....	.....	.....	.....
		C.D	.....	.....	.....	.....
		Others	.....	.....	.....	.....

*** other accessories refer to front guard and other items that add to the car. Please note that if accessories are not declared, it will be assumed as non-existent.**

* For completion by proposers with trailers and other attachments.

Type of Attachment	Identification Mark	Value	Usage

5. Is the vehicle in a thorough state of repairs?.....

6. Has the vehicle been altered, adopted or modified:.....

7. Are you the owner of the vehicle and is it registered in your name?.....

8. Is the vehicle subject to any Hire Purchase Agreement?.....

If yes, name the hire company.....

9. PLEASE STATE USE.....

THE DRIVER(S)

10. Please give details of all persons who will drive the vehicle(s)

Name	Age	No. of Years License held	Details of convictions of motoring offences or accident within the last 3 years
1. -----			
2. -----			

11. Are you entitled to no Claim Discount from your previous Insurer?.....
if yes attach a renewal notice in substantiation.

12. Have you ever made a motor claim against any insurance company? If
.....
.....

COVER PREFERRED

13. Comprehensive Third Party Fire & Theft Third Party

14. Do you require an increase in your Third Party Property Damage limit?
If yes state the amount of increase required.....

DECLARATION

I declare that the statements and particulars given in this application are to the best of my knowledge and belief, true and that I agree they shall be the basis of the contract.

Signature.....

Date.....

Broker's / Agent's Name.....