

## MOTOR PROPOSAL FORM

Name and address:	
NRC/Diplomatic ID Number/Business	Email address:
Telephone numbers:	Occupation:
Details of Vehicle (Please attach copy of wh	ite book):
Cover Required (Please tick one): Compre specify)	hensive / Third party, fire & theft / ACT only / Full Third Party / Other (Please
Sum Insured: Own Damage	Third Party Property Damage Third Party bodily injury
Previous Insurers, policy number and period	
Details about No Claims Discount:	
Driving offences for the last 5 years:	
Motor Claims made during last 5 years by years	ou or any other person who will drive this vehicle:
Effective Date :	Expiry Date :
	DECLARATION
respect and that the Proposal and Declaration	e and belief that the information given on this form is true and complete in every a shall form the basis of the Contract between me/us and Advantage Insurance e Insurance Limited should any facts in the Proposal, or additional information
This insurance will not be in force until Adv	antage Insurance Limited has processed and accepted the Proposal.
full at inception. If an installment payment a make payment as per the agreement. If I def	ed by Advantage Insurance Limited will be void ab initio, if premium is not paid in greement is signed between me/us and Advantage Insurance Limited, I undertake to tult in payment of any installment and there is any claim during the period of default surance ONLY if the following conditions are met:
<ul><li>1.) Premium paid so far by me/us is s</li><li>2.) I/we will pay the balance of premi</li></ul>	ifficient to cover the period during which the accident giving rise to claim occurred am outstanding in full
Signature:	DatePlace: