



Head Office:
Roebuck St., St. Michael
P.O. Box 1221, Bridgetown,
BB11000, Barbados
t: (246) 434-6000 / f: (246) 426-3393
e: icb@icb.com.bb
w: www.icb.com.bb
VAT Registration Number:
20092283

Branch Offices:
Broad Street, Bridgetown, St. Michael
t: (246) 434-6082 / f: (246) 431-0737
Chapel Street, Speightstown, St. Peter
t: (246) 434-6010 / f: (246) 422-1225
Emerald City, Six Roads, St. Philip
t: (246) 434-6009 / f: (246) 434-6098

PRIVATE CAR PROPOSAL FORM

PROPOSER'S FULL NAME: (Block Letters and State Mr., Miss, Mrs.)

Date of Birth: OCCUPATION or PROFESSION:

POSTAL ADDRESS (Block Letters):

Name of Employer

Make and Model of Car HP or C.C

Year of Manufacture Type of Body and Seating Capacity

Price Paid by Proposer Year of Purchase Proposer's Estimated Value

Engine No. Registration Number

PLEASE GIVE A PRECISE REPLY TO EACH OF THE FOLLOWING. TICKS AND DASHES CANNOT BE ACCEPTED AS ANSWERS.

1. State fully the purposes for which the car will be used (The purposes for which a car is used to be described on the Certificate of Insurance. It is therefore essential that they are stated fully and accurately here.)

2. Has any alteration or addition been made to the Manufacturer's standard engine design or specifications?

3. Is the Insurance to be restricted to the Car being driven solely by you?

4. Is the car:

(a) registered in your name?

(b) owned SOLELY by you? If not, give names of other persons

(c) the subject of a Hire Purchase Agreement? If so, state Finance Company.

5. Do you suffer from defective vision or hearing or from any physical infirmity?

6. How long have you been driving Motor Vehicles continuously?

When was your driving licence first issued?

State class of licence

7. Have you ever been convicted of any offence(s) in connection with any more vehicle(s) or is prosecution pending? If so, give full details of every such conviction and prosecution.

8. State Company or Underwriter with whom you have been previously insured, in respect of any motor vehicle (s)
(if not previously insured, state how driving experience obtained)

9. Are you entitled to a No Claim Bonus from your previous Insurers in respect of any of the cars described in this proposal? If so, please attach renewal notice

10. Has any Company or Underwriter ever declined, cancelled or refused to renew your Motor Insurance or imposed special terms? If so give full details.

11. Have you had any accidents or losses during the last five years in connection with this or any other Motor Vehicle owned or driven by you? If so, give particulars

Year of Accident	Total No. of Accidents or Losses		Damage to Motor Vehicles owned or driven by Proposer		Claims by Third Parties for damage, injury or death		Other	
			No.	Amount	No.	Amount	No.	Amount
		Paid						
		Outstanding						
		Paid						
		Outstanding						
		Paid						
		Outstanding						

12. Please state whether you wish to insure under:-
 (1) Comprehensive Policy?
 (2) Third Party, Fire and Theft Policy?
 (3) Third Party Policy only?

13. If a Comprehensive Policy is required, are the following Perils to be included:-
 (1) Flood, Hurricane, Earthquake?
 (2) Strike, Riot & Civil Commotion?

14. Give particulars in the panel below of ANY OTHER PERSON(S) who to your knowledge, is/are likely to drive the car. (THIS PART MUST BE COMPLETED IF THE ANSWER TO QUESTION 3 IS 'NO')

(a) FULL NAME (State Mr. , Mrs, Miss)			
(b) Postal Address			
(c) Age			
(d) Occupation			
(e) State if suffering from defective vision or hearing or from any physical infirmity			

(f) State (I) how long full licence to drive in Barbados has been held			
(II) how long regularly driving motor cars in Barbados			
(g) State if ever convicted of any offences in connection with any motor vehicle(s) or if any prosecution pending . Give full details of every such conviction and prosecution			
(h) State Company or Underwriter with whom previously insured in respect of any motor vehicle(s)			
(i) State if any Company or Underwriter has ever declined, cancelled or refused to renew the insurance of any Motor Vehicle or imposed special terms			
(j) State if involved in any accident whilst driving any motor vehicle during the last three years			

DECLARATION

I/We warrant that the above statements and particulars which I/We have read over and checked are true, that I/We have not suppressed or mis-stated any material fact and that the Vehicle (or Vehicles) above referred to is/are in good condition and repair. I/We desire to effect an insurance policy with the Insurance Corporation of Barbados Limited (ICBL) in terms, conditions and exceptions of the policy to be issued by the company. I/We agree that this proposal shall form the basis of the contract between me/us and the company and will be deemed as incorporated in the Policy to be issued. I/We further declare and agree that if the above statements and particulars have been filled in by any person other than the undersigned, such person shall be deemed to be my/our agent for the purpose of filling in this proposal form.

Dated this _____ day of _____ Proposer's Signature: _____

FOR OFFICE USE ONLY

Policy No.	<input type="text"/>	Inception Date:	<input type="text"/>	1st Premium:	<input type="text"/>
Certificate No.	<input type="text"/>	Renewal Date:	<input type="text"/>	Renewal Premium:	<input type="text"/>