

# MOTOR INSURANCE

## Proposal Form

Editable PDF



MAURITIUS UNION

GENERAL INSURANCE

POLICY NUMBER :

QUOTE NUMBER :

### A. DETAILS FOR PROPOSER AND DRIVERS

#### A.1 The Proposer

Mr.

Miss.

Mrs.

Company.

\* Fields highlighted in Red are Mandatory

Name in full : .....

Address : .....

Occupation / Trade : ..... Date of birth : .....

Tel No. : ..... Mobile No. : ..... Fax No. : .....

Email : ..... NIC / Passport No. : .....

Certificate of incorporation No. : ..... VAT No. : .....

Do you hold a valid driving licence? Yes ☐ No ☐ If No, do you hold a provisional driving licence? Yes ☐ No ☐

Licence No. : ..... Date first licenced : .....

#### A.2 Other Drivers

By whom will the Motor Vehicle be driven?

Self ☐

*Driven by Owner ONLY*

Any other driver ☐

*Driven by ANY driver authorised by Owner*

Named driver ☐

*If ticked, please specify in the table below :  
Name, Age, Occupation & Driving Experience*

* Maximum of 3 Named Driver	Name	Age	Occupation	Driving Experience

#### A.3 Ownership

Was this Motor Vehicle purchased at an Auction Sale? Yes ☐ No ☐

Does any party or Company has any financial interest in the Motor Vehicle? Yes ☐ No ☐

*If yes, please state Name and Address of the party or Company*

.....

..... Amount of loan due : Rs .....

Was this Motor Vehicle purchased "Duty Free" ? Yes ☐ No ☐

If yes, was the Motor Vehicle actually bought for your own use under your own entitlement to a duty free vehicle? Yes No

4, Léoville l'Homme Street  
Port Louis, Mauritius

Tel 230 207 5500  
Fax 230 212 2962

#### A.4 Driving history

Have you or any of the above drivers had any accident or loss regardless of blame, during the last 3 years whether insured Yes ☐ No ☐  
or not?

If yes, please give details as requested hereunder.

Date of accident	Insurer	Circumstances of accident	At Fault / Not at Fault

Have you or any of the above drivers been disqualified or had any fine, licence endorsed or conviction in the past 5 years? Yes ☐ No ☐

If yes, please give details:

.....

Have you or any of the above drivers had any prosecution pending for any offence in connection with a Motor Vehicle? Yes ☐ No ☐

If yes, please give details:

.....

Has the Motor Vehicle you proposed to insure ever been involved in any accident or loss regardless of blame? Yes ☐ No ☐

If yes, please give details:

.....

#### A.5 Insurance History

Have you ever been insured in respect of any Motor Vehicle? Yes ☐ No ☐

If yes, please give details below:

Insurer : .....

Registered No : ..... Period of Insurance : .....

Type of Cover : .....

Why was the insurance discontinued? .....

Has any insurer ever :	Yes	No	If you have answered Yes to any question, please give details
(a) Declined your proposal?			
(b) Required any increase in premium or impose any special conditions?			
(c) Refused to renew your policy?			
(d) Cancelled your policy?			

## A.6 Health History

Do you or any of the above drivers suffer from diabetes, epilepsy, heart condition, defective vision or hearing, or any physical or mental disability, infirmity or disease?

Yes ☐ No ☐

If you have answered YES, please give details :

.....

## B. DETAILS OF THE MOTOR VEHICLE

### B.1 The Motor Vehicle

Reg. No	Make and Model	Type of vehicle	Colour	Year of make	Seating capacity (Including driver)
Chassis No.		Engine No.		Engine Capacity	

### B.2 Accessories

Accessories	Make and Model	Value (Rs) ****
CD Player		
Speakers		
Central Locking		
Alarm		
Alloy Rims		
Others :		
Total		

\*\*\*\* It is hereby understood that such value/s is/are included in the "Total Estimate of Value" mentioned in sub-section B.3 below.

### B.3 Total Estimate of Value

Proposer's Motor Vehicle total estimate of value : Rs .....

### B.4 Registration Fees

Are registration fees included in the Motor Vehicle's total estimate of value?

Yes ☐ No ☐

## C. GENERAL INFORMATION

Give full particulars of all purposes for which the Motor Vehicle will be used :

.....

Will the Motor Vehicle be kept in a garage?

Yes ☐ No ☐

If No, give details and if Yes, state type of construction and address of garage:

.....

## D. DETAILS OF COVER

Please tick cover required :

1. Comprehensive ☐

2. Third party and fire ☐

3. Third party only ☐

4. Third party, fire and theft ☐

### Comprehensive

Besides covering the entire set of benefits of the Third party option, Comprehensive insurance also covers any loss or damage caused to the vehicle due to accident, fire, explosion, lightning, theft, riots and strikes among other insured occurrences.

### Third Party

Third party insurance provides cover for the damage that your vehicle accidentally causes to other people's vehicles, property, bodily injury or death.

If you have opted for Comprehensive cover, do you wish to include :

Car occupants cover Yes ☐ No ☐

Trailer (third party cover) Yes ☐ No ☐

Loss of use cover Yes ☐ No ☐

If yes,

Monetary limit per day : Rs ..... (Only if a replacement car of equivalent engine capacity cannot be provided)

24 hr Towing and Breakdown Service Yes ☐ No ☐

## IMPORTANT :

The following "Excess" is applicable whenever you make a Claim for Own Damage under Part I of your policy.

In case of Damage to your Vehicle not amounting to a Total Loss thereof: Rs .....

In case of Total Loss &/or Theft of your Vehicle, whether Actual or Constructive: Rs .....

The "Excess" is applicable whenever a claim is made under your Policy, irrespective of your being responsible or not for the accident.

## E. DECLARATION

- (i) I/We warrant that the above statements made by me/us or on my/our behalf are true and complete and that nothing materially affecting the risk has been concealed by me/us.
- (ii) I/We undertake that the Motor Vehicle to be insured will not be driven by any person who to my/our knowledge has been refused Motor Vehicle insurance or continuance thereof and declare that the Motor Vehicle is in a sound and roadworthy condition.
- (iii) I/We agree (i) to accept any compulsory excess limit to which The Mauritius Union Assurance Co. Ltd may apply in relation to the proposed insurance (ii) that the proposal and this declaration be incorporated in and made the basis of the proposed contract of insurance between The Mauritius Union Assurance Co. Ltd. and me/us.



Date : .....

Signature : .....

\*\*Signature Field not visible? Click 'Check my Form'

## INTRODUCTORY AGENT

I/We hereby certify that Mr/Mrs/Miss .....  
is acting as my sole introductory agent.

Date : .....

Signature: .....

## FOR OFFICE USE ONLY

Account No. :	Type			Rating
Processed by :	PC	CV	MC	
Approved by :				
Period of Insurance required : From : To :				