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RECEIVED STAMP

AGENT'S STAMP

CODE:

PROPOSAL FOR MOTOR INSURANCE

(Please give detailed answer in every question)

1. THE INSURED

COMPANY'S NAME OR NAME OF PROPOSER:		Identity No:	
ADDRESS	House:	TELEPHONE	House:
			Work:
	Work:		Mobile:
OCCUPATION:		DATE OF BIRTH:	
E-mail:		CO'S REGISTRATION NO:	

2. THE INSURED VEHICLE:

Registration Mark	Make	Type of Body	Cubic Capacity	Year of Manufacture	Vehicle's approved capacity in		Price Paid	Date of purchase	Trailers (if any) type of cover and value
					Goods	Passengers (Including Driver)			
State whether the vehicle is:								Answer	YES or NO
a)	With hard roof								
b)	Left hand drive								
c)	Sport or increased horsepower engine								
d)	Are you the owner of the vehicle and is it registered in your name?								
	Is the vehicle subject to a Hire Purchase Agreement?								
	If so, state name of the Finance Company								
e)	Has the vehicle been modified/enhanced in any way from the manufacturers standard specifications?								
	If YES please give details:								
f)	Is the vehicle mechanically and generally in a good condition?								
g)	Has the vehicle been imported second-hand?								
h)	Will the vehicle be let out for hire?								

3. DRIVER DETAILS (INCLUDING THE PROPOSER)

DRIVER'S NAME	Date of Birth	Date of Issue of Driving Licence	Driving Licence Number	Claims made in the last 3 years	Driving convictions in the last 3 years	Place of Permanent residence

Any driver over 23 years old and not over 70 years old holding a provisional licence for at least 2 years

Any driver without reference to the age or the Driving Licence

a) Have you or any additional driver been driving regularly in the last 3 years? Do you presently hold the appropriate driving licence for the type of the vehicle to be insured?

If NO, please give details _____

b) Has any Insurance Company or Underwriter at any time in respect of Motor Insurance in your name or in any name of any other person who, to your knowledge, drive the vehicle:

I)	Declined any proposal?	
II)	Imposed an excess or other special terms?	
III)	Refused to renew any policy?	

c) To the best of your knowledge, do you or any person who will drive the motor vehicle suffer from defective vision or hearing or from any physical or mental infirmity or fits of any kind?
 If YES, please give details _____

d) Have you been, or are you now insured in respect of any motor vehicle? If YES, please state name of Company and Policy Number.
 Company _____ Policy No _____

e) Have you held a motor vehicle insurance with our Company?
 If YES, please give Policy numbers _____

f) Have you or any person who will drive been involved in any accident or made an insurance claim in the past three years?
 If YES, please give details _____

g) Have you or any person who will drive been convicted during the last five years of any offence in connection with a motor vehicle? If YES, please give details _____

4. VEHICLE USAGE (Tick ✓ in the box)

a) Private Vehicle: Declare whether the car will be used in your business by your employees or other persons (excepting you) _____

b) Commercial Vehicle: Declare whether the vehicle will carry:
 i) Goods for reward (General Cartage) _____
 ii) Goods for private use (Own Goods) _____

c) Motorcycle: Declare whether will be used for i) Private use ii) Commercial use iii) Rent

5. MOTOR TRADE VEHICLES*

Please declare whether vehicles: _____

a) Will be driven for demonstration purposes by a prospective purchaser accompanied by the proposer or named driver _____

b) Will be driven for testing purposes by a prospective purchaser unaccompanied by the proposer or named driver _____

(* Motor Trade is a motor insurance cover for sole traders or firms operating in

(i) Motor Trade market, and/or

(ii) Driving of vehicles which either belong to the policy holder or are in the policyholders possession for motor trade purposes.

6. LEVEL OF COVER REQUIRED: (Tick ✓ in the box)

Third Party (Compulsory) Third Party Fire & Theft Comprehensive

Note: If you accept an excess of €250, €350 ñ € _____, you will be allowed a discount of _____%

7. PERIOD OF INSURANCE:

7. PERIOD OF INSURANCE:			Day	Month	Year	Day	Month	Year
From am/pm		Date				To midnight on		

If there any other information that may be relevant to us indeciding please provide details:

8. ADDITIONAL COVER

a) "Off Road" cover _____

β) Comprehensive cover only: Windscreen and window cover € _____

γ) Personal Accident Cover of the insured. Amount of cover € _____

IMPORTANT NOTES – WARNING:

- A. In case of transfer or agreement for transfer of the vehicle, the policy of insurance of such vehicle will be cancelled.
- B. You are not permitted to transfer illegal passengers and in the case you do so you will be held responsible for any injury incurred.
- C. In case the vehicle is driven by an unauthorised driver or by any driver under the influence of drugs or medicines or alcohol you will be held personally responsible for any claim incurred.

DECLARATION

I/We do hereby declare that the above answers are true, and that I have withheld no material information regarding this Proposal. I agree that this Declaration and the answers given above, as well as any further Proposal or Declaration or Statement made in writing by me or anyone acting on my behalf shall form the basis of the contract between me and KENTRIKI INSURANCE CO LTD, and I/We further agree to accept indemnity subject to the conditions in and endorsed on the Company's Policy.

Signature _____ Date _____

THE LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THE ACCEPTANCE OF THE PROPOSAL HAS BEEN INTIMATED BY THE COMPANY AND AN OFFICIAL COVER-NOTE / POLICY ISSUED.