

INDIVIDUAL MOTOR PROPOSAL FORM

ALL QUESTIONS MUST BE ANSWERED
KINDLY COMPLETE IN BLOCK CAPITALS

SECTION 1: PERSONAL INFORMATION

PROPOSER 1

1. Title: Mr. Ms. Mrs. Dr. Other: _____
2. Marital Status: Single Married Widowed Divorced
3. Full Registered Name: _____ 4. Alias: _____
5. Mother's Maiden Name: _____ 6. TRN: _____ 7. Gender: Male Female
8. Date of Birth: _____ 9. Place of Birth: _____
10. Nationality: _____ 11. EU Citizen/Resident: Yes No
12. Contact Number: _____ 13. Email Address: _____
14. Home Address: _____
15. Postal Address (if different from above): _____
16. ID Type: _____ ID No.: _____ ID Expiry Date: _____

PROPOSER 2

1. Title: Mr. Ms. Mrs. Dr. Other: _____
2. Marital Status: Single Married Widowed Divorced
3. Full Registered Name: _____ 4. Alias: _____
5. Mother's Maiden Name: _____ 6. TRN: _____ 7. Gender: Male Female
8. Date of Birth: _____ 9. Place of Birth: _____
10. Nationality: _____ 11. EU Citizen/Resident: Yes No
12. Contact Number: _____ 13. Email Address: _____
14. Home Address: _____
15. Postal Address (if different from above): _____
16. ID Type: _____ ID No.: _____ ID Expiry Date: _____

SECTION 2: EMPLOYMENT INFORMATION

PROPOSER 1

1. Employment Status: Employed Self-Employed Student Retired Unemployed

2. Occupation: _____ 3. Name of Employer: _____

4. Address of Employer: _____

PROPOSER 2

1. Employment Status: Employed Self-Employed Student Retired Unemployed

2. Occupation: _____ 3. Name of Employer: _____

4. Address of Employer: _____

SECTION 3: CONTACT PERSON INFORMATION

(Other than the Insured)

	NAME	CONTACT NUMBER	HOME ADDRESS
CONTACT PERSON 1	_____	_____	_____
CONTACT PERSON 2	_____	_____	_____

SECTION 4: DRIVER DETAILS

DRIVER #1 (MAIN DRIVER)

1. Name: _____ 2. Relation to Proposer: _____ 3. Occupation: _____

4. Date of Birth: _____ 5. Years Driving: _____ 6. Driver's Lic. #: _____ 7. Licence Type: _____

DRIVER #2

1. Name: _____ 2. Relation to Proposer: _____ 3. Occupation: _____

4. Date of Birth: _____ 5. Years Driving: _____ 6. Driver's Lic. #: _____ 7. Licence Type: _____

SECTION 5: GENERAL DRIVER INFORMATION

1. Will the motor vehicle(s) be restricted solely to the drivers named above? Yes No
2. Will anyone to your knowledge be using the vehicle to learn to drive? Yes No
3. Will anyone who is likely to drive be under the age of 21 or over the age of 75? Yes No
4. Will anyone who is likely to drive hold a full driver's licence that is less than 24 months? Yes No
5. Will anyone who is likely to drive not driven for any consecutive period of 6 months or more during the past 24 months? Yes No

If YES, give details: _____

6. Will anyone who is likely to drive (including you) suffer from defective vision, hearing, heart condition, epilepsy, diabetes or any physical or mental disability or infirmity? Yes No

If YES, give details: _____

7. To the best of your knowledge in the past 36 months has anyone who is likely to drive been fined for a motoring offence, had their licence endorsed/revoked or been prosecuted for a motoring offence? Yes No

If YES, give details below:

NAME	DATE	OFFENCE
_____	DD / MM / YYYY	_____
_____	DD / MM / YYYY	_____

8. Do you have, or have you had, any motor insurance in the past five (5) years? Yes No

If yes, state the name(s) of the insurance company(ies). _____

SECTION 6: CLAIMS HISTORY

1. Have you had any accidents or losses within the past 36 months involving vehicles owned by you, whether or not you were the driver at the time of the incident? Yes No
2. Have you had any accidents or losses within the past 36 months involving vehicles not owned by you, but driven by you or in your custody and care at the time of the incident? Yes No
3. Have any of the other persons who will regularly drive the vehicle had any accidents or losses within the past 36 months involving vehicles owned and/or driven by them or in their custody and care at the time of the incident? Yes No

If YES to either 1, 2 or 3 above, give details below:

NB: If more space is required, give the details on a separate sheet and attach it to this document

NAME OF DRIVER	YEAR	DETAILS (including COST)
_____	YYYY	_____
_____	YYYY	_____
_____	YYYY	_____

SECTION 7: VEHICLE DETAILS (FOR UP TO TWO VEHICLES)

	Vehicle I	Vehicle II
1. Year of Manufacture	_____	_____
2. Make	_____	_____
3. Model	_____	_____
4. Chassis No.	_____	_____
5. CC Rating	_____	_____
6. Sum Insured	_____	_____
7. Left-Hand Drive (LHD) / Right-Hand Drive (RHD)	_____	_____

SECTION 8: VEHICLE OWNERSHIP INFORMATION

1. Is the vehicle registered in your name? Yes No *If NO, give details below:*
Name: _____ Address: _____
2. Is there a Finance Company (Mortgagee)? Yes No *If YES, give details below:*
Name: _____ Address: _____
3. Does anyone other than you or a mortgagee, have a financial interest in the vehicle? Yes No *If YES, give details below:*
Name: _____ Address: _____

SECTION 9: GENERAL VEHICLE INFORMATION

1. A. Will the vehicle be used for Social and Domestic and Pleasure only (including traveling to and from work)? Yes No
B. Will the vehicle be used in connection with a business? Yes No
C. Will the vehicle be used by you in connection with your employer's business? Yes No
D. Will the vehicle be used by you in connection with the carriage of goods? Yes No
If YES, state type of goods being carried: _____
- E. Will the vehicle be used by you in connection with the carriage of goods for reward/payment? Yes No
If YES, state whether the goods are owned by you or by a third party: _____
- F. Will the vehicle be used by you in connection with the carriage of passengers for reward/payment? Yes No
2. Will the vehicle be used for hire or reward or in connection with a motor trade? Yes No
3. Will the vehicle be used in connection with motor racing, trials and rallies? Yes No
4. Do you accept that the policy will only provide cover for the permitted use of the motor vehicle specified above? Yes No
5. Is the vehicle roadworthy and in good condition? Yes No

SECTION 9: GENERAL VEHICLE INFORMATION (CONT'D)

6. Has the vehicle been modified from the manufacturer's specifications? Yes No

If YES, give details: _____

7. Does the vehicle have a super charged or turbo charged or other high-performance engine? Yes No

8. Where is the motor vehicle usually parked? _____

9. Are there any anti-theft devices on the vehicle such as a kill switch or alarm? Yes No

If YES, give details: _____

10. Will you have complete custody and control of the motor vehicle? Yes No

If NO, give details: _____

11. Is the key electronically coded? Yes No

SECTION 10: POLICY DETAILS

1. Period of Insurance From: _____ To: _____

2. Cover Required: Comprehensive Third Party Fire & Theft Third Party Only

SECTION 11: ADDITIONAL COVERAGE

Indicate if you require any of the following optional covers at an additional premium.

1. Increased Third Party Limits

2. Increased Personal Accident Limits

3. Increased Windscreen Limits

4. Replacement Vehicle Hire

5. Protected No Claim Discount

6. Towing Cover (Boat, Trailer, etc.)

7. Uninsured Motorist Coverage

8. Passenger Liability/Negligence

9. Premier Deductible Buy-back

SPECIFIED TRAILER

10. Chassis No: _____ 11. Estimated Value: _____

12. Make: _____ 13. Type: _____

UNSPECIFIED TRAILER

14. Max No. of Trailers in use at any one time: _____ 15. Estimated Value: _____

SECTION 12: DISCOUNTS

1. Do you (or your spouse) have a Home Insurance Policy with GK Insurance? Yes No

2. Do you have other vehicles insured with GK Insurance? Yes No

3. Are you a member of First Global Bank (FGB)? Yes No

4. Are you a member of Jamaica Automobile Association (JAA) or the Insurance Institute of Jamaica (IIJ)? Yes No

5. Are you earning a No Claim Discount? Yes No

NB: If YES, proof must be provided (e.g. No Claim Discount Letter / Claims Experience Letter)

SECTION 13: GENERAL INFORMATION

1. Would you like to send instructions to GK Insurance via email? Yes No
2. Would you like to receive communication electronically? Yes No
3. Are you a Director of any Company insured with GK Insurance? Yes No

If YES, give details: _____

4. To the best of your knowledge, are you or any close relative connected in any way to GK Insurance or any other member of the GraceKennedy Group? Yes No

If YES, give details: _____

5. Are you or an immediate relative or any close associate entrusted with a prominent public position such as a Senior Politician, Senior Government Official or Executive of a political party? Yes No

If YES, give details: _____

SECTION 14: PERMISSION FOR CUSTOMER INFORMATION SHARING

I/we agree that GK Insurance may share any personal and financial information that I/we provide to GK Insurance with the current and future subsidiaries and affiliates of GraceKennedy Ltd. for the purposes of marketing other products and services offered by said subsidiaries and affiliates of GraceKennedy Ltd.

SECTION 15: UNDERSTANDING

I/We am/are aware and agree that:

A. The Cover will exclude:

- a. **Private Vehicle:** Drivers under the age of 21 or over the age of 75 and/or drivers holding a valid Driver's Licence for less than 24 months unless otherwise agreed.
- b. **Private Commercial Vehicle:** Drivers under the age of 23 or over the age of 75 and/or drivers holding a valid Driver's Licence for less than 24 months unless otherwise agreed.
- c. **Public Commercial Vehicle:** Drivers under the age of 23 or over the age of 65 and/or drivers holding a valid Driver's Licence for less than 36 months.

B. The Policy will not operate in respect of claims arising while the vehicle is being driven or is in charge for the purpose of being driven by any person other than the driver(s) specified, unless otherwise agreed and an additional premium has been paid for Open Driving and all the other terms as stated herein above have been complied with as agreed (including any applicable Excess).

C. The Policy is voidable if false statements are given or information withheld for the purpose of obtaining Insurance Cover, reducing Premium or any other reason.

D. In the event of a claim arising under the Policy, all outstanding Premium due thereunder shall become immediately payable to GK Insurance by me/us.

E. Should the vehicle be subject to an accident, GK Insurance reserves the right to settle Cash-in-Lieu as a result of the unavailability of motor vehicle parts.

F. At the time of a loss, the Claim Settlement will be based on the Current Market Value or the Sum Insured, whichever is less, and that the Policy Excess must be paid by the Insured(s) where applicable.

G. This policy is subject to a salvage condition clause and the retention of the salvage by GKI is in its absolute discretion. In the event of an accident, I/we am/are not entitled to abandon the Salvage of the vehicle(s) insured. This applies regardless of the method of settlement of my/our claim and whether or not GK Insurance has possession of the vehicle.

DATA PROTECTION

This is an important notice which outlines how we will collect and process your personal data. You should read it before submitting any personal data to us. To read our full Privacy Notice, visit <https://www.gk-insurance.com/privacy-notice> or you can request a copy from us.

If you have any further queries about how we use your personal data, please feel free to contact us.

I/We _____ acknowledge and confirm that:

1. I/We have read and understood the Privacy Notice provided to me/us and that I/We are duly authorized to sign this form on behalf of the Insured.
2. I/We consent to GKGI collecting and processing my/our personal data herein to fulfil its contractual obligations under the insurance policy, claim management and comply with legal and regulatory requirements.
3. Sensitive personal data particularly in relation to your medical information, claim history and/or criminal history will be collected herein and I/we acknowledge that the said sensitive personal data collected will be subject to further processing in connection with our insurance claim.
4. To verify the answers provided by me/us in this proposal form, GKGI will be sharing and/or seeking information from third parties including but not limited to other insurers, claim service providers, finance companies, databases and/or other regulatory or law enforcement bodies.
5. I/We will be conducting business with GKGI electronically which includes but is not limited to receiving updates, sending and receiving all documents, communications, notices and all other correspondence electronically.

MARKETING

We would like to send to you, from time to time, information about our other insurance products and services, exclusive offers, promotions, discounts and new products or services. We may also share your personal data with the other subsidiaries with the GraceKennedy Financial Group or GraceKennedy Limited (referred to herein as GraceKennedy Group) and/or its subsidiaries and any other entity that may become part of the GraceKennedy Group.

Please tick the box(es) below to confirm:

- I/We consent to the sharing of relevant personal data with other companies in the GraceKennedy Financial Group or parent company GraceKennedy Limited (referred to herein as GraceKennedy Group) and/or their subsidiaries and any other entity/ies that may become part of the GraceKennedy Group.
- I/We consent to GKGI or other companies within the GraceKennedy Financial Group and GraceKennedy Group contacting me/us directly regarding any special offers, discounts, new and existing product offerings and bundles that may be of interest to me/us.

I would like to receive that information by (tick all that apply):

- Email Text Message Phone Post

I/We also understand that I/we may withdraw my/our consent in writing at any time and if I/we choose to withdraw my/our consent, my/our benefits with GKGI would not be affected.

- I/We declare that the information given in this form is true and correct to the best of my/our knowledge/belief.
- I/We further declare that the statements above can be relied upon in the contemplation of litigation proceedings which may arise.

INSURED'S SIGNATURE

DATE (mm/dd/yyyy)

INSURED'S SIGNATURE

DATE (mm/dd/yyyy)

SECTION 16: DECLARATION

The policy is voidable if the proposer makes any false statement or withholds any material information.

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. I/we undertake that the vehicle(s) to be insured: (a) will not be driven by any person who to my/our knowledge has been refused motor vehicle insurance of continuance thereof and (b) is or are in a road worthy condition, and will be so maintained during the currency of any policy issued by GK Insurance.

I/We desire to effect an insurance policy with GK Insurance in the terms, conditions and exceptions of the policy to be issued by GK Insurance. I/We agree that this proposal shall be incorporated in and taken as the basis of the proposed contract between me/us and GK Insurance. I/We hereby authorize GK Insurance to share with other insurance companies, the Police and the Island Traffic Authority in Jamaica and any other such entities any and all information that may be required by those entities pertaining to me, my authorized driver(s) or the vehicle(s) declared in this Proposal Form or in the Policy document which together constitute the contract. I/We further consent to Insurance companies obtaining information in relation to my/our driving history from the Police, The Island Traffic Authority and other such entities in Jamaica.

Liability does not commence until an official cover note or certificate has been issued. By affixing my signature to this form, I confirm both my receipt and acknowledgement of the terms on this proposal form.

PROPOSER #1's SIGNATURE

DATE: DD / MM / YYYY

PROPOSER #2's SIGNATURE

DATE: DD / MM / YYYY

REVIEWER'S SIGNATURE

DATE: DD / MM / YYYY