

MOTOR VEHICLE POLICY RENEWAL FORM

It is important that we update your information to ensure that we are providing your best insurance solution. This form gives you an opportunity to share any changes in your risk profile and for us to provide you with the best insurance coverage based on your needs.

PLEASE ANSWER ALL QUESTIONS IN BLOCK CAPITALS

1. Insured: _____ 2. Policy #: _____

3. Date Of Birth: ____ / ____ / ____ 4. Place of Birth: _____

5. Mailing Address: _____

6. Home Address: _____

7. Your contact numbers (H) _____ (C) _____ (O) _____

8. Employer's Name: _____ 9. Job Title: _____

10. Employer's Address: _____

11. Your TRN: _____ 12. Your e-mail address: _____

Please tick the appropriate response:

Motor policy (NB: Questions 1-5 not applicable to TP policy holders)		Yes	No
1.	Do you know what the term Excess means?	<input type="radio"/>	<input type="radio"/>
2.	Do you know the Excess on your policy?	<input type="radio"/>	<input type="radio"/>
3.	Do you understand how the Excess on your policy is applied?	<input type="radio"/>	<input type="radio"/>
4.	Do you know that you can increase your excess and pay less premium?	<input type="radio"/>	<input type="radio"/>
5.	Are you aware of the Un-named Driver Excess?	<input type="radio"/>	<input type="radio"/>
6.	Do you know about our Replacement Vehicle Hire benefit?	<input type="radio"/>	<input type="radio"/>
7.	Do you understand the policy on Suspending Cover whilst your vehicle is not being driven? (Conditions apply)	<input type="radio"/>	<input type="radio"/>
8.	Do you have a tracking device on your vehicle?	<input type="radio"/>	<input type="radio"/>
9.	Have you modified or done any special markings on your vehicle?	<input type="radio"/>	<input type="radio"/>
10.	Is your motor vehicle usually parked in a private, locked garage overnight?	<input type="radio"/>	<input type="radio"/>
a) If your answer to question 10 was NO , please choose from the following: <input type="checkbox"/> Carport <input type="checkbox"/> Public road/street <input type="checkbox"/> Open <input type="checkbox"/> Other (please give details): _____			
11.	Would you like to increase the Limits of Liability on your policy?	<input type="radio"/>	<input type="radio"/>
12.	Have you sold or in the process of selling your vehicle?	<input type="radio"/>	<input type="radio"/>

Drivers Information		Yes	No
1.	Was your policy issued for Named Driver(s) only?	<input type="radio"/>	<input type="radio"/>
a) If your answer to question 1 was NO , would you like your policy issued for Named Driver(s) Only?			
2.	Is anyone within the following age categories driving or is likely to drive your vehicle:		
	(i) Under the age of 21 years (<i>Individual Motor Vehicle Insurance</i>)	<input type="radio"/>	<input type="radio"/>
	(ii) Under the age of 23 years (<i>Company Motor Vehicle Insurance</i>)	<input type="radio"/>	<input type="radio"/>
	(iii) Over the age of 70	<input type="radio"/>	<input type="radio"/>
3.	Is anyone holding a Drivers License for less than 24 months driving or is likely to drive your vehicle?	<input type="radio"/>	<input type="radio"/>
4.	Have you or any other person who will likely drive the vehicle had any losses, claims or accidents within the last 36 months (3 years)?	<input type="radio"/>	<input type="radio"/>
5.	To the best of your knowledge in the past 36 months has anyone who is likely to drive: (i) been fined, (ii) had their licence endorsed / revoked, (iii) been prosecuted for a motoring offence?	<input type="radio"/>	<input type="radio"/>
a) If your answer to question 5 was YES , please give details: _____			

Please provide us with an updated listing of all the persons who are most likely to drive your vehicle (including Proposer).

Name	Relationship to Proposer	Occupation	Date of Birth	Years Driving	TRN	Type
Main Driver: _____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Use of vehicle		Yes	No
1.	Is the vehicle used for social, domestic (including traveling to and from work) and pleasure only?	<input type="radio"/>	<input type="radio"/>
2.	Is the vehicle used solely by you in connection with your business?	<input type="radio"/>	<input type="radio"/>
3.	Do you use the vehicle in your employer's business?	<input type="radio"/>	<input type="radio"/>
4.	Do employees of your business use the vehicle?	<input type="radio"/>	<input type="radio"/>
5.	Is the vehicle used for hire or reward or in connection with a motor trade?	<input type="radio"/>	<input type="radio"/>
6.	Is the vehicle used in connection with motor racing, trails and/or rallies?	<input type="radio"/>	<input type="radio"/>

(continued on next page)

Use of vehicle (continued)		Yes	No
7.	Is the vehicle used for commercial travel (i.e. to carry goods for sale)?	<input type="radio"/>	<input type="radio"/>
a) If your answer to question 7 was YES , please state the type of goods that will be carried: _____			
8.	Do you accept that the policy will only provide cover based on responses provided on this form?	<input type="radio"/>	<input type="radio"/>
9.	Has your occupation or business changed?	<input type="radio"/>	<input type="radio"/>
a) If YES , please provide details _____			

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://gk-insurance.com/privacy-policy> 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:

- 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.
- 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.
- 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.
- To verify the answers provided by me/us in this motor renewal 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.
- 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 the 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): _____

Additional Details		Yes	No
1.	Are you aware that you do not need to visit our office to renew your policy?	<input type="radio"/>	<input type="radio"/>
2.	Would you like to send instructions via email or receive communication by email or text message?	<input type="radio"/>	<input type="radio"/>
a) If your answer to question 2 was YES , please tick preferred method: <input type="checkbox"/> EMAIL <input type="checkbox"/> TEXT MESSAGE			
3.	Would you like to be able to pay your premium online?	<input type="radio"/>	<input type="radio"/>
4.	Do you know that we offer GraceKennedy Value Rewards (GKVR) for every sales transaction?	<input type="radio"/>	<input type="radio"/>
5.	Do you agree to having GK General share any personal and financial information provided 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.?	<input type="radio"/>	<input type="radio"/>
6.	Are you a Director of any Company insured with GK General?	<input type="radio"/>	<input type="radio"/>
a) If your answer to question 6 was YES , please give details: _____			
7.	Are you or any close relative connected in any way to GK General or any other GraceKennedy company?	<input type="radio"/>	<input type="radio"/>
a) If your answer to question 7 was YES , please give details: _____			
8.	Are you, any immediate relative or close associate entrusted with a prominent public position such as that of a Senior Politician, Senior Government Official or Executive of a political party?	<input type="radio"/>	<input type="radio"/>
a) If your answer to question 8 was YES , please give details: _____			

SOURCE OF FUNDS

Please state your source of funds that will be used to pay your premium (i.e. your earnings/income, e.g. wages, remittance, investments, etc.)

Signature: _____ Date: ____ / ____ /20 ____ Checked By: _____